COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF CORRECTIONS SCI GREENE OFFICE OF THE SUPERINTENDENT 724-852-2902 March 18, 2004

SUBJECT: First-Level Appeal

To Grievance Number 75766

TO:

Mr. Rankin, EU-5850

F Unit, A Pod

FROM:

őŭiš S. Folino Superintendent

I am in receipt of your grievance, number 75766, dated February 13, 2004; the Initial Review Response by RNS McAnany, dated February 24, 2004; and your first-level appeal, received in this office on March 15, 2004.

Your first-level appeal of 75766 will not be reviewed due to your failing to comply with DC-ADM 804, Section VI Procedures, C Appeal to Facility Manager, 1b. It is the responsibility of the inmate/grievant to monitor procedural time frames as established in this policy. While latitude in regard to timeliness is often exercised, I find your appeal is well beyond the five-day period.

Your appeal is hereby dismissed.

LSF:djk

CC:

Deputies

Grievance Coordinator

DC-15

Y Case 1:04-dy-porpologyM-SPE+ Dodoumening to 4- Filed 01/12/2007 Page 2 of 100 brief to mail to the cou, ts.

3/15

LU5850 SCI- Greene 175 Progress Drive Whynesburg Pa 15370 03/13/04

GriEVance Appen # 75766 to Superintendent Foling

REDERRICK RANKING Since 01/20/04, I have been having DEVERE headaches pain zn my Arms, logs and back. On 01/22/04 and 01/25/04 and OII 27/04; I was DEEN by RHU Doctor and told that I would be given Motrin. I have recieved No Motrin as of ozlislo These pains Are caused because I was locked in A cell With any heat or clothing From 01/20/04 to 02/13/04. Non your (Mr. John McAnany) did Not ZNETVEIW ME Orspoken TO ME About this Grievance, Which violates DC ADM 804 and this response was potgiven to me until 03/07/04; and) WAS Not given A pen until 03/13/04% Which shows that thus GriEVance is thatual, correct and truthful.

trying to obstract the due Administration of Justice Nowyour STAFF Are refusing to give me pens, toothpaste, soup, ointment ENEVELOPES, requests to staff and grievances, registered etter reciepts, EAShslips Zhan EFFORT to silence me but I am H GENERASON, SO THES WILL Frustrate ME But I WILL GET JUSTICE Supplies Respectfully

Cost, 80 please Advice your staff to give me the States

Respectfully

Contine

Case 1:04-cv-00100-SJM-SPB

Document 116-4

6-4 Filed 01/12/2007 Page 3 of 100 CC 'ONWEALTH OF PENNSYLVANIA PARTMENT OF CORRECTIONS OFFICE OF THE SUPERINTENDENT'S ASSISTANT SCI-GREENE

DATE:

Part 3

February 13, 2004

SUBJECT:

Grievance Rejection Form

TO:

Mr. Rankin, EU-5850

I Unit, B Poot

FROM:

Sharon L. D'Eletto

Superintendent's Assistant

FOR OFFICIAL USE ONLY
75768
GRIEVANCE NUMBER

The attached grievance is being returned to you because you have failed to comply with the provision(s) of DC-ADM 804, Inmate Grievance System: 1. ____ Grievances related to the following issues shall be handled according to procedures specified in the policies listed and shall not be reviewed by the Facility Grievance Coordinator: DC-ADM 801-Inmate Disciplinary and Restricted Housing Unit Procedures b. DC-ADM 802-Administrative Custody Procedures other policies not applicable to DC-ADM 804. Block B must be completed, as per the Instruction #3 of the Official Inmate Grievance Form. The grievance does not indicate that you were personally affected by a Department or facility action or policy. Group grievances are prohibited. 5. X The grievance was not signed and/or dated. 6. Grievances must be legible and presented in a courteous manner. 7. The grievance exceeded the two (2) page limit. Description needs to be brief. 8. X Grievances based upon different events shall be presented separately. 9. ____ The grievance was not submitted within fifteen (15) working days after the events upon which claims are based. 10. ____ You are currently under grievance restriction. You may not file any grievances until ___ Grievance involves matter(s) that occurred at another facility and should be directed by the inmate to the

12. X The issue(s) presented on the attached grievance has been reviewed and addressed previously.

Additional Comments: If the grievance issue of February 12 is still important to you, edit the grievance form and resubmit in five (5) working days. The issue of pain since January 20 is being reviewed separately on another grievance. Use only your

SLD/ack

CC:

FILE DC-15

name of commitment.

appropriate facility.

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF CORRECTIONS

P.O. BOX 598 CAMP HILL, PA 17001-0598

FOR OFFICIAL USE ONLY
75768
GRIEVANCE NUMBER

^	CCIA	TAI	ININA ATE	GRIEVANCE

0111071211111111201102
TO: FACILITY GRIEVANCE COORDINATOR FACILITY:
SCI-Greene 02/12/04
GERRICK RANKINE EU5850 CENTER ROMANTE:
WORK ASSIGNMENT: HQUSING ASSIGNMENT:
\$2500 reliefrequested. RHU IB-20
INSTRUCTIONS: U
 Refer to the DC-ADM 804 for procedures on the inmate grievance system. State your grievance in Block A in a brief and understandable manner.
3. List in Block B any actions you may have taken to resolve this matter. Be sure to include the identity of staff
members you have contacted.
A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages.
On 02/12/049 WAS Deheduled by the medical
department to give bloods
JUAS Taken From My CEll by COS Jordan
JOWING TO TO SIVE HOUR LOSS
and Stephen to give this blood
The NURSE Sticked ME three times with A NEED
$1 \cdot \cdot \cdot \cdot \cdot \cdot \cdot = 1 - 1 \cdot \cdot$
GET DIE TETUSES TO LOTE MU Arms
Caused ME DEVERE pain In both my Arms
I I have heen CX DEVIENING DEVELE 151111
my Arms leas, back and thead since 01/20104
THO ATTO STEROUR STATE OF THE S
UETU am BEEN CENIED All Forms of pain
relievers, and Now the Above Abused was
added to this torture.
B. List actions taken and staff you have contacted, before submitting this grievance.
Doent A request to the medical Haministrator,
PRC and Superintendent Folino. I have recieved
No 15 exposes as use to about the sail living of this
No response as yet about the contining denial
OF MEDICALE TO ME O MOULD TEKE ALL FORTH
ing of me to CEHSE ZMMEDIATED BUSO, OSKED
TO THE KITU CHOTAIN OF LETO NO aVAIL
Your grievance has been received and will be processed in accordance with DC-ADM 804.

S/A-GRN.001 Rev. 07/14/03 COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF CORRECTIONS SCI GREENE OFFICE OF THE SUPERINTENDENT 724-852-2902

February 20, 2004

SUBJECT:

Your IRTSM, dated 02/18/04

Re:

Appeal of Rejected Grievance 75768

Name of Commitment

TO:

Mr. Rankin EU 5850

I Unit, B Pod

FROM:

Louis S. Folino Superintendent

I am in receipt of the above-described request slip.

First, Grievance Number 75768 was rejected for more reasons than just your use of a name other than your name of commitment. It was rejected in that you included an issue (01/20/04) which is the subject of another grievance (75766). Also, in Grievance Number 75768, you included a new complaint stemming from 02/12/04.

You were advised by the Grievance Coordinator that, if the 02/12/04 issue was still important to you to submit a new grievance containing only that issue and resubmit it in five (5) working days. This you have failed to do.

To that end, your appeal is denied.

Second, you were committed by Philadelphia County to the Pennsylvania Department of Corrections under the name of Derrick Rankin; therefore, that is your name of commitment.

The only sure way of changing this situation of your name, if it is inaccurate, is for you to contact the court of commitment (Philadelphia) and request that correction.

You may also contact Ms. Thomas, Records Supervisor, SCI Greene, to see if she may be of any assistance to you in this matter.

Finally, until the situation of your name is addressed by you appropriately, you are to use your name of commitment on any and all correspondence with the Department of Corrections, e.g., request slips, grievances, etc.

Attach.:

IRTSM 02/18/04 re: 75768

CC:

Grievance Number 75768 (with attachment)

Ms. Thomas, SCI Greene Records Supervisor (with attachment)

CSA Inmate File (with attachment)

DC-15 (with attachment)

(inmate 2004\grievances\rejection appeal/EU 5850 Rankin and Grievance Number 75768.02-20-04) (inmate 2004\superintendent correspondence\EU 5850 Rankin and 02-18-04 IRTSM.02-20-04)

DC-804 Case 1:04-cv-00100-SJM-SPB Document 116-4 Part 3

FILECTOP 1/13/NAMETALT FROM PENINS PLVANIA PARTMENT OF CORRECTIONS OFFICE OF THE SUPERINTENDENT'S ASSISTANT SCI-GREENE

DATE: February 13, 2004 FOR OFFICIAL USE ONLY 75765 **GRIEVANCE NUMBER**

SUBJECT:

Grievance Rejection Form

TO:

Mr. Rankin, EU-5850

I Unit: B Pod <

FROM:

Superintendent's Assistant

The attached grievance is being returned to you because you have failed to comply with the provision(s) of DC-ADM 804, Inmate Grievance System:

- Grievances related to the following issues shall be handled according to procedures specified in the policies listed and shall not be reviewed by the Facility Grievance Coordinator: DC-ADM 801-Inmate Disciplinary and Restricted Housing Unit Procedures DC-ADM 802-Administrative Custody Procedures
 - other policies not applicable to DC-ADM 804.
- 2. Block B must be completed, as per the Instruction #3 of the Official Inmate Grievance Form.
- ____ The grievance does not indicate that you were personally affected by a Department or facility action or policy.
- 4. ___ Group grievances are prohibited.
- 5. X The grievance was not signed and/or dated.
- 6. Grievances must be legible and presented in a courteous manner.
- The grievance exceeded the two (2) page limit. Description needs to be brief.
- Grievances based upon different events shall be presented separately.
- The grievance was not submitted within fifteen (15) working days after the events upon which claims are based.
- You are currently under grievance restriction. You may not file any grievances until
- 11. ___ Grievance involves matter(s) that occurred at another facility and should be directed by the inmate to the appropriate facility.
- 12. ____ The issue(s) presented on the attached grievance has been reviewed and addressed previously.

Additional Comments:

SLD/ack

CC: **FILE** DC-15

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF CORRECTIONS

P.O. BOX 598 **CAMP HILL, PA 17001-0598**

FOR OFFICIAL USE ONLY

75765

GRIEVANCE NUMBER

OFFICIAL INMATE GRIEVANCE

TO: FACILITY GRIEVANCE COORDINATOR SCI-Greene	FACILITY: DATE: DATE: 02/12/04
FROM: (INMATE NAME & NUMBER)	SIGNATURE OF INMATE:
WORKASSIGNMENT:	HOUSING ASSIGNMENT:
INSTRUCTIONS:	RHU_LB-20
1 Refer to the DC-ADM 804 for procedures on the inm 2. State your grievance in Block A in a brief and unders	
List in Block B any actions you may have taken to resmembers you have contacted.	
A. Provide a brief, clear statement of your grievance. A	
	Ably stripped searched by
	g me to have Nightmares,
DEEN UNABLE TO DEEP, V	miting and place of
Appetite. I am Not A homos	omiting and Aloss of SEXUAL and NEVER WILL BE ONES
JENFORMED STAFF THAT	the Above Would occurring
Occurred and retused	d to removed my hover!
D WAS COMPELLED TO VEY	moved my hover & by the
SOT and I DI and I was t	then told this is ould occurre
ONCE EVERY MONING WIT	I Not Valuntarily removed
MIN MINE P	presence of any male person
B. List actions taken and staff you have contacted, before	ore submitting this grievance.
Stefused to removed	• · · · · · · · · · · · · · · · · · · ·
STAFF THAT THE ABOVE WOL	ud occurred & also informed
The KHU Sot, and It - tha	T. THE AbovE Would occurred
and was threatened at	nd Force, Ably stripped and,
From the Ritt or be transfer	WHOM I BE TELETISED
Your grievance has been received and will be processed	ed in accordance with DC-ADM 804.
Signature of Facility Grievance Coordinator	Date

S/A-GRN.001 Rev. 07/14/03 **COMMONWEALTH OF PENNSYLVANIA** DEPARTMENT OF CORRECTIONS **SCI GREENE** OFFICE OF THE SUPERINTENDENT 724-852-2902

February 20, 2004

SUBJECT: Appeal of Rejected Grievance 75765

TO:

Mr. Rankin 5850

I Unit, B Pod

FROM:

Louis S. Folino Superintendent

I am in receipt of your 02/18/04 appeal of the Grievance Coordinator's rejection of Grievance Number 75765. I have reviewed your grievance packet and the Grievance Coordinator's rationale for rejecting your grievance, dated 01/29/04.

Insofar as name of commitment is Derrick Rankin, please use that name on all correspondence with the Department of Corrections.

Your instant appeal is denied.

Attach.:

Rejected Grievance Number 75765

CC:

Deputies' Complex (1)

CSA Grievance File at 75765

DC-15 EU 5850

(inmate 2004\grievances\rejection appeal\EU 5850 Rankin and Grievance Number 75765.02-20-04)

Form DC-135A Commonwealth of Pennsylvania **Department of Corrections INMATE'S REQUEST TO STAFF MEMBER** ievan ce Appeal **INSTRUCTIONS** Complete items number 1-8. If you follow instructions in preparing your request, it can be responded to more promptly and intelligently. 2. Date: To: (Name and Title of Officer) Counselor's Name Unit Manager's Name Inmate Signature 7. Housing Assignment Work Assignment Subject: State your request completely but briefly. Give details To DC-14 CAR and DC-15 IRS Staff Member Name Date Print Sign

DC-15

Case 1:04-cv-00100-SJM-SPB Document 116-4 File CONTRONO RENINSYLVANIA **EPARTMENT OF CORRECTIONS** OFFICE OF THE SUPERINTENDENT'S ASSISTANT **SCI-GREENE**

D T		FOR OFFICIAL USE ONLY
DATE:	February 20, 2004	76214 GRIEVANCE NUMBER
SUBJECT	Grievance Rejection Form	OTTLE TO THOU TO THE
TO:	Mr. Rankin, EU-5850 I Unit, B Pool	
FROM:	Sharon L. D'Eletto Superintendent's Assistant	
	d grievance is being returned to you because you have failed to comply vance System:	with the provision(s) of DC-ADM 804,
1	Grievances related to the following issues shall be handled according to policies listed and shall not be reviewed by the Facility Grievance Coordi	
	 a. DC-ADM 801-Inmate Disciplinary and Restricted Housing Unit Proc b. DC-ADM 802-Administrative Custody Procedures. c. Other policies not applicable to DC-ADM 804. 	edures.
2	Block B must be completed, as per the Instruction #3 of the Official Inma	ate Grievance Form.
3	The grievance does not indicate that you were personally affected by a D action or policy.	epartment or facility
4	Group grievances are prohibited.	
5. <u>X</u>	The grievance was not signed and/or dated.	
6	Grievances must be legible and presented in a courteous manner.	
7	The grievance exceeded the two (2) page limit. Description needs to be	brief.
8	Grievances based upon different events shall be presented separately.	
9	The grievance was not submitted within fifteen (15) working days are based.	after the events upon which claims
10	You are currently under grievance restriction. You may not file any grieva	nces until Date
11	Grievance involves matter(s) that occurred at another facility and sho appropriate facility.	uld be directed by the inmate to the
12	The issue(s) presented on the attached grievance has been reviewed and	d addressed previously.
Additional (Comments:	
SLD:tlb		
cc: FIL	E	

COMMONWEALTH OF PENNSYLVANIA **DEPARTMENT OF CORRECTIONS**

P.O. BOX 598 **CAMP HILL, PA 17001-0598** FOR OFFICIAL USE QNLY GRIEVANCE NUMBER

OFFICIAL INMATE GRIEVANCE

TO: FACILITY GRIEVANCE COORDINATOR	SCE GIVEENS	DATE:
FROM: (INMATE NAME & NUMBER)	SIGNATURE OF INMATE:	
DERRICK RANKINE EUS 850	HOUSING ASSIGNMENT:	ne)
Blooday reliefrequested	RHJ 73-20	
INSTRUCTIONS: V		
 Refer to the DC-ADM 804 for procedures on the inm State your grievance in Block A in a brief and unders 		
List in Block B any actions you may have taken to re members you have contacted.	solve this matter. Be sure to	include the identity of staff
A. Provide a brief, clear statement of your grievance.	Additional paper may be used	, maximum two pages.
On 02/18/04,8 WAS denie	d exercise b	oyClOStephen
because Ste Fused to	s took off mi	underweat
an the presence of		
Clostephen and Clomo	in Letry line	been towner
ing with my food such	COLUMN ALINE	E. Lil-mag
Bugar et at and pourin	us removing	rood Items
Sugar et at and pouring	9 Water 201	my tray
Clostephen has also c	cute E at ma	31 1 6G
homosexual demands	A COMMITTEE	L ne A line
homosexual demands a	na Comments	TO ME SOME
repeatedly told CIOST	EPHEN to DAY	AWAY From
I C GIG TIUCE DE LAUSE	-/4 am Nat	1/ A CONVINE
and the love the an	omosexum re	alation with him 🗆
B. List actions taken and staff you have contacted, before I PO	sie ampiliiting mis Anevauce.	
	hen and other	
	• 1	1,''''
	esing degra	and coused
DOXERS. In the eresence	forme to he of Men.9	Thoyba Mig
Sucidial Whenevery am Atri	PO DEALEN.	180 DE CAPITE
Your grievance has been received and will be processed	ed in accordance with DC-AD	M 804.
Signature of Facility Grievance Coordinator	-	Date
- grant or rading criticality		Date

DC-ADM 804, Inmate Grievance System

DC-804

Part 2

Attachment B

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF CORRECTIONS P.O. BOX 598

OFFICIAL INMATE GRIEVANCE

CAMP HILL, PA 17001

INITIAL REVIEW RESPONSE

GRIEVANCE NO. 76352

TO: (Inmate Name & DC No.)	FACILITY	HOUSING LOCATION	GRIEVANCE DATE
Rankin, Derrick EU-5850	SCI-Greene	IB-20	02-23-04

I am in receipt of and have been assigned to respond to your grievance. After reviewing your medical record, I note the following facts concerning this grievance.

You claim that on 02/22/04 Ms. Ledwich again gave you the wrong medication. That she returned this medication to the medical department and failed to come back your medication. According to your Medication Administration Record and discussion with Ms. Ledwich the corrected medication was dispensed.

Grievance denied.

/ted

CC:

DSFM DSCS

Grievance Coordinator

DC-15

Print Name and Title of Grievance Officer

John McAnany, RNS/Acting CHCA

SIGNATURE OF GRIEVANCE OFFICER

DATE

03-01-04

Signature of Facility Grievance Coordinator

Date

Case 1:04-cv-00100-SJM-SPB Document 116-4

DC-15

Filed COLI 2/20WEALT POST PENNSYLVANIA **PARTMENT OF CORRECTIONS** OFFICE OF THE SUPERINTENDENT'S ASSISTANT **SCI-GREENE**

DATE:	February 23, 2004	FOR OFFICIAL USE ONLY 76353
DAIL.	1 ebitally 25, 2004	GRIEVANCE NUMBER
SUBJECT:	Grievance Rejection Form	ONE VANOE NOWBER
TO:	Mr. Rankin,	
FROM:	Shafon L. D'Eletto Superintendent's Assistant	
	I grievance is being returned to you because you have failed to comply wance System:	rith the provision(s) of DC-ADM 804,
1	Grievances related to the following issues shall be handled according to policies listed and shall not be reviewed by the Facility Grievance Coordin	
	 a. DC-ADM 801-Inmate Disciplinary and Restricted Housing Unit Proce b. DC-ADM 802-Administrative Custody Procedures. c. Other policies not applicable to DC-ADM 804. 	edures.
2	Block B must be completed, as per the Instruction #3 of the Official Inmat	e Grievance Form.
3	The grievance does not indicate that you were personally affected by a De action or policy.	partment or facility
4	Group grievances are prohibited.	
5. <u>X</u>	The grievance was not signed and/or dated.	
6	Grievances must be legible and presented in a courteous manner.	
7	The grievance exceeded the two (2) page limit. Description needs to be b	rief.
8	Grievances based upon different events shall be presented separately.	
	The grievance was not submitted within fifteen (15) working days af are based.	ter the events upon which claims
10	You are currently under grievance restriction. You may not file any grievan	ces until Date
	Grievance involves matter(s) that occurred at another facility and should appropriate facility.	ld be directed by the inmate to the
12 T	he issue(s) presented on the attached grievance has been reviewed and	addressed previously.
Additional Co	omments:	
SLD:tlb		
cc: FILE		

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF CORRECTIONS

FOR OFFICIAL USE ONLY	
76353	7
GRIEVANCE NUMBER	

Date

P.O. BOX 598 **CAMP HILL, PA 17001-0598** Ø OFFICIAL INMATE GRIEVANCE TO: FACILITY GRIEVANCE COORDINATOR DATE FACILITY: areene OM: (INMATE NAME & NUMBER) INSTRUCTIONS: 1 Refer to the DC-ADM 804 for procedures on the inmate grievance system. 2. State your grievance in Block A in a brief and understandable manner. 3. List in Block B any actions you may have taken to resolve this matter. Be sure to include the identity of staff members you have contacted. A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages. JAS GIVEN

Signature of Facility Grievance Coordinator

Your grievance has been received and will be processed in accordance with DC-ADM 804.

DC-ADM 804, Inmate Grievance System

DC-804 Part 2

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF CORRECTIONS P.O. BOX 598

Attachment B

OFFICIAL INMATE GRIEVANCE INITIAL REVIEW RESPONSE

CAMP HILL, PA 17001

GRIEVANCE NO [76607

INITIAL REVIEW RESPONSE		GRIEVANO	CE NO	76607
TO: (Inmate Name & DC No.)	FACILTIY	HOUSING LOCATION	GRIEVANO	E DATE
Rankin EU-5850	SCI-Greene	F/B 07	2/16/04	
The following is a summary of my findings regarding	g your grievance:			
I am in receipt of your grievance and have originally processed on 2/29/04 but was se				grievance was
You allege in this grievance that you are the confines of the RHU.	being held "illega	lly" and are subjected to	o "barbaric" t	reatment within
This subject matter has already been cover	ered in grievance	number 75455.		
You feel that you are entitled to anything you have been treated well by Staff a you ordered Captain hall to give you 450 sense of entitlement.	ind have received	l your basic issue items.	In an un-rel	ated grievance,
Thermal underwear is not part of your bas	ic issue. It can be	purchased from the cor	nmissary.	
I find this grievance to be frivolous and wit	hout merit.			
This grievance is summarily denied.				
AG:ag				
		:		
cc: Grievance Coordinator Deputy Barone Deputy Jackson DC-15				
Print Name and Title of Grievance Officer	SIGNAT	UPE OF THE AND OF THE		DATE
Fillit Name and Title of Gnevance Officer	SIGNAT	TURE OF SKIEVANCE OFFICE	JEK	DATE
LT A.E. GUMBAREVIC				4/28/04
		▼		

Padase 1 00000-SJM-SPB COMMONMEANTHOE FENNEY WAY 12/20 DEPARTMENT OF CORRECTIONS	07 Page 17 of 100
P.O. BOX 598	
CAMP HILL, PA 17001-0598	GRIEVANCE NUMBER
OFFICIAL INMATE GRIEVANCE	3/9
TO: FACILITY GRIEVANCE COORDINATOR FACILITY: FACILITY: FACILITY:	= DATE:
PROM: (INMATE NAME & NUMBER) SIGNATURE OF INMATE:	02/16/04
LERRICK RANGING EUS 850 Jemick RO	interne ()
WORK ASSIGNMENT: HOUSING ASSIGNMENT:	The state of the s
\$15631dAyrEquested 17HU 1B	20.
INSTRUCTIONS:	
 Refer to the DC-ADM 804 for procedures on the inmate grievance system. State your grievance in Block A in a brief and understandable manner. 	
3. List in Block B any actions you may have taken to resolve this matter. Be sure	to include the identity of staff
members you have contacted.	
A. Provide a brief, clear statement of your grievance, Additional paper may be us	sed, maximum two pages.
From 01/2004, Was held In A CEI WI	ithout heat, thermal
Under WEARS SOCKS, T-Shirts boxer	5 that pain
relievers cut ect On 02/10/04, the heat	- Was turn Edon
Znmo CEILS am still without thermal	underwears
and I am still been held illegally =	
A mis conduct.	7 1712 11 1101 1111103
On 02/10/040 was Forced to go to	the ward with
out A thermal underwear which again	Mater He - 10011
In my legs Arms, back and head	rival a me pain
Was Not aiven any bain relievers und	i anatoints a
	11 62[12104.0
Would like \$155312Ay For All the Above.	sulternings
That was and am being Dubsected to	FPUSO WOULD.
like to be released from this torture of	rimber called RHU
B. List actions taken and staff you have contacted, before submitting this grievan	ce.
19 DENT A request to Superintendent	talino and the
that was and am being subjected to like to be released from this torture of B. List actions taken and staff you have contacted, before submitting this grievand South Arequest to Superintendent PRC and Nothing was done Superintered to sent me Acheck For & resolved the Above differences; and resolved the Above differences; and south south the Above differences; and the south so	ndent Falino
re luned to sent me AChECD For &	3213,00 to
The state of the s	72-1-5
resolved in ribove all lerences, an	14 MB TET USEA

Signature of Facility Grievance Coordinator

02/24/04

Date

Your grievance has been received and will be processed in accordance with DC-ADM 804.

S/A-GRN.001 Rev. 07/14/03 COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF CORRECTIONS SCI GREENE OFFICE OF THE SUPERINTENDENT 724-852-2902

March 9, 2004

SUBJECT: Appeal of Rejected Grievance 76612

TO: Mr.

Mr. Rankin EU 5850

I Unit, B Pod

FROM:

Louis S. Folino Superintendent

I am in receipt of your 03/06/04 appeal of the Grievance Coordinator's rejection of Grievance Number 76612. I have reviewed your grievance packet and the Grievance Coordinator's rationale for rejecting your grievance, dated 02/24/04.

Insofar as name of commitment is Derrick Rankin, please use that name on all correspondence with the Department of Corrections.

Your instant appeal is denied.

Attach.:

Rejected Grievance Number 76612

CC:

Deputies' Complex (1)

CSA Grievance File at 76612

DC-15 EU 5850

(inmate 2004\grievances\rejection appeal\EU 5850 Rankin and Grievance Number 76612.03-09-04)

DC-804 Case 1:04-cv-00100-SJM-SPB Part 3

Document 116-4

6-4 FILE OF THE SUPERINTENDENT'S ASSISTANT SCI-GREENE

DATE:

February 24, 2004

SUBJECT:

Grievance Rejection Form

TO:

Mr. Rankin

FROM:

SLD/djk

FILE DC-15

CC:

Sharon L. D'Eletto

Superintendent's Assistant

FOR OFFICIAL USE ONLY 76614 GRIEVANCE NUMBER

The attached grievance is being returned to you because you have failed to comply with the provision(s) of DC-ADM 804, Inmate Grievance System:

- 1. X Grievances related to the following issues shall be handled according to procedures specified in the policies listed and shall not be reviewed by the Facility Grievance Coordinator:
 - a. DC-ADM 801-Inmate Disciplinary and Restricted Housing Unit Procedures
 - b. DC-ADM 802-Administrative Custody Procedures
 - c. other policies not applicable to DC-ADM 804.

		· · · · · · · · · · · · · · · · · · ·
2.		Block B must be completed, as per the Instruction #3 of the Official Inmate Grievance Form.
3.		The grievance does not indicate that you were personally affected by a Department or facility action or policy.
4.		Group grievances are prohibited.
5.	<u>X</u>	The grievance was not signed and/or dated.
6.		Grievances must be legible and presented in a courteous manner.
7.		The grievance exceeded the two (2) page limit. Description needs to be brief.
8.		Grievances based upon different events shall be presented separately.
9.		The grievance was not submitted within fifteen (15) working days after the events upon which claims are based.
10.		You are currently under grievance restriction. You may not file any grievances until
11.		Grievance involves matter(s) that occurred at another facility and should be directed by the inmate to the appropriate facility.
12.		The issue(s) presented on the attached grievance has been reviewed and addressed previously.
Add	litional	Comments:

COMMONWEALTH OF PENNSYLVANIA **DEPARTMENT OF CORRECTIONS**

P.O. BOX 598

FOR OFFICIAL USE ONLY

OFFICIAL INMATE GRIEVANCE	A 17001-0598
TO: FACILITY GRIEVANCE COORDINATOR	EACILATY: DATE:
SCT-Greens	SCI-Greens 02/23/04
FROM: (INMATE NAME & NUMBER)	SIGNATURE OF INMATE:
WERRICK KANKINE BUS850 WORK ASSIGNMENT:	HOUSING ASSIGNMENT:
\$1553/dayranterequested	RHI IB-20.
INSTRUCTIONS:	11.11.21.2
 Refer to the DC-ADM 804 for procedures on the inm State your grievance in Block A in a brief and unders 	ate grievance system.
3. List in Block B any actions you may have taken to re-	solve this matter. Be sure to include the identity of staff
members you have contacted.	
A. Provide a brief, clear statement of your grievance.	Additional paper may be used, maximum two pages.
Un 02123104, J Was defiled	my tray by Clo Staphanand
Manberry, becaused re	Fused to become Ahomo
BEXUAL and Withdraw by	an Suit against SCI-Somet
	•
SETS and filbion Start. D was given a juice and a mi When dattempted to asked	With A cup of COLLEG
Was given to ask	CIO Manherry to changed,
When daller led of do string of	the train and Knowlets
THAT COPTES COUNTERNEY	1 USED the tray and Knocked
Over the COFFEE and let	ted the pod with my trav
Charavimately 5 minutes	IHERCIO, Manberry and Step
hen returned to my cell c	Jack and Daid 66 Nigger
	, — · · · · · · · · · · · · · · · · · ·
DIVE METTIE LATING MILK	and Juice cup or WEATE
loong to Kill your Miagi	er Fagget ass. They did
Not opened the tray stores	y was unable to obey this deman
D pressed the emergency	button Approximately 100 For Jenson Approximately 100 For Jenson Approximately 100 For Jenson Approximately 100 Appened and that he does not be a sold appened and that he does not be a sold appened and that he does not be a sold appened and that he does not be a sold appened and that he does not be a sold appened and that he does not be a sold appened and that he does not be a sold appened and that he does not be a sold appened and that he does not be a sold appened and the does not be a sold appened and a sold appened appened and a sold appened appened appened appened
Himes: LET NO ONE answel	red. Uznlarmed Scit Hararouse
and demanded my tray an	d coffee Got Harareve told
Mr Had be brew What hi	ADDENES and that he does Not
The MEAN TO SPEAK TO MEAN	1850 SO JENIED MU Trau
Wan 10 ppin 10 thank	GENERA TENEVINA
Your grievance has been received and will be processed	AIBHI MOMMANDO
Tour grievance has been received and will be processe	ili accoluante with DO-ADWI 604.

OFFICIAL INMATE GRIEVANCE

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF CORRECTIONS

P.O. BOX 598

FOR OFFICIAL USE ONLY

766/4

GRIEVANCE NUMBER

CAMP HILL, PA 17001-9598

TO: FACILITY GRIEVANCE COORDINATOR FACILITY: D. SCI- LIFEENE C	ATE: 123 04
FROM: (INMATE NAME & NUMBER) (SIGNATURE OF INMATE:)	Rings ()
WORK ASSIGNMENT: HOUSING ASSIGNMENT:	kino/
\$1000klayrelist requested. KHU IB-20	
INSTRUCTIONS: 1 Refer to the DC-ADM 804 for procedures on the inmate grievance system.	
 State your grievance in Block A in a brief and understandable manner. List in Block B any actions you may have taken to resolve this matter. Be sure to incomembers you have contacted. 	clude the identity of staff
A. Provide a brief, clear statement of your grievance. Additional paper may be used, n	
At Approximately 45 minutes late	1 00 Man
berry returned to my cell and sa	114 Nigger
I Want to know it you fire going to,	give up the
juice cup, and milk tagget?	42 minutes
I TE FUSED to answer CHAPPYOXIMATE	inms on the
later Cloring berry and Cloursber C	AIII = 01 11/10 1
pod to collected the trays. They refo	inc of ma
my tray slot Even through I was stand	lifig at the
CEIL door with the juice cup and milk b	ox in my nimas.
9 OFFERRED the Juice cap and Milk box	
and was told by GO Ansbelo that 669	7 P
B. List actions taken and staff you have contacted, before submitting this grievance.	ame on podasyet.
& pressed the Emptgency button 5 tim	ies and riet
NO ONE responded. I offerred the r	nilk box and
Juice cup to CO Ansbelo. S then r	E ported the
Above to CIO PAP IN the bubble Go	ain. I would.
like protective custody from Clos Me	and error Stephen
Your grievance has been received and will be processed in accordance with DC-ADM	THESE STATIO
g g de see see see see see see see see see	
·	
Signature of Facility Grievance Coordinator	Date

DC-80Case 1:04-cv-00100-SJM-SPB Part 3

Document 116-4

6-4 Filed PONWEAL PHORE PENNS VLVANIA PARTMENT OF CORRECTIONS
OFFICE OF THE SUPERINTENDENT'S ASSISTANT
SCI-GREENE

DATE:

February 24, 2004

SUBJECT:

Grievance Rejection Form

TO:

Mr. Rankin 3850

I Unit./B./Pod

FROM:

Additional Comments:

FILE DC-15

SLD/djk

CC:

Sharon L. D'Eletto'
Superintendent's Assistant

FOR OFFICIAL USE ONLY 76612 GRIEVANCE NUMBER

Inmate Grievance System: Grievances related to the following issues shall be handled according to procedures specified in the policies listed and shall not be reviewed by the Facility Grievance Coordinator: DC-ADM 801-Inmate Disciplinary and Restricted Housing Unit Procedures a. DC-ADM 802-Administrative Custody Procedures other policies not applicable to DC-ADM 804. Block B must be completed, as per the Instruction #3 of the Official Inmate Grievance Form. The grievance does not indicate that you were personally affected by a Department or facility action or policy. 4. ___ Group grievances are prohibited. 5. X The grievance was not signed and/or dated. 6. ____ Grievances must be legible and presented in a courteous manner. 7. ____ The grievance exceeded the two (2) page limit. Description needs to be brief. Grievances based upon different events shall be presented separately. 9. ____ The grievance was not submitted within fifteen (15) working days after the events upon which claims are based. 10. ____ You are currently under grievance restriction. You may not file any grievances until _____. 11. ___ Grievance involves matter(s) that occurred at another facility and should be directed by the inmate to the appropriate facility. 12. The issue(s) presented on the attached grievance has been reviewed and addressed previously.

The attached grievance is being returned to you because you have failed to comply with the provision(s) of DC-ADM 804,

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF CORRECTIONS

P.O. BOX 598 CAMP HILL, PA 17001-0598

FOR OFFICIAL USE ONLY
76612
GRIEVANCE NUMBER

OFFICIAL INMATE GRIEVANCE

TO: FACILITY GRIEVANCE COORDINATOR	FACILITY:	DATE: 02/20/04
PROM: (INMATE NAME & NUMBER) PERRICK HANKINE BU 5850	SIGNATURE OF INMATE:	2 (2)
WORKAŞŞIGNMENŢ:	HOUSING ASSIGNMENT:	way
\$1531day relief requested.	KHUIB-20	./
INSTRUCTIONS: 1 Refer to the DC-ADM 804 for procedures on the inm	ate grievance system.	
 State your grievance in Block A in a brief and unders List in Block B any actions you may have taken to resmembers you have contacted. 		include the identity of staff
A. Provide a brief, clear statement of your grievance. A		
PLEASE COTTECT THE SPE		
my Name 15 and Alway is	S WERRICK	KANKINE and
Shever used or gave ar		anyore.
GISO, J. Will Not and NEVE		Alias that
you or the department o	of Correctio	ns tru to
Force on ME, Dince 1	wing Oliasi	ES VIOTATES
the laws of the United		
OF Pennsylvania and distr	espect mu E	other and
humiliates embarrasse	dement on	dearde ME
Numillates embargases	1 Mould CEASI	E and desist
From these retaliatory act	s harbaric Sa	distic and
ZMENTIONHI Crueltu and Correct	The Spelling Of	ma pamie mankiuou
B. List actions taken and staff you have contacted, before	ore submitting this grievance	
9 DENT THREE REQUESTS to	Subgrintenden Enligh	1 14 1110, 29 TE
and GCT-Campbill of the	F Albion and S	-lling of mu
Name: ust the DAC cor	tinues to em	phyroge him
liAtes, demean and degrade	ME and mu	Family by
Spelling my Fathers Name Z	ncorrected	4
Your grievance has been received and will be processed	ed in accordance with DC-AL	M 804.
Signature of Facility Grievance Coordinator		Date

DC-80 Case 1:04-cv-00100-SJM-SPB Document 116-4 Part 3

Filed CONT 120NOVEAL PHOF 2 PENINSYLVANIA **EPARTMENT OF CORRECTIONS** OFFICE OF THE SUPERINTENDENT'S ASSISTANT **SCI-GREENE**

		FOR OFFICIAL USE ONLY
DATE:	February 24, 2004	76613
SUBJECT:	Grievance Rejection Form	GRIEVANCE NUMBER
TO: FROM:	Mr. Rankin 1980 (1 Unit, B Pod Sharon L. D'Eletto Superintendent's Assistant	
	grievance is being returned to you because you have failed to comply vance System:	vith the provision(s) of DC-ADM 804,
	rievances related to the following issues shall be handled according to prolicies listed and shall not be reviewed by the Facility Grievance Coordinate	
	 a. DC-ADM 801-Inmate Disciplinary and Restricted Housing Unit Proc b. DC-ADM 802-Administrative Custody Procedures c. other policies not applicable to DC-ADM 804. 	edures
2 BI	ock B must be completed, as per the Instruction #3 of the Official Inmate	Grievance Form.
	e grievance does not indicate that you were personally affected by a Dep ction or policy.	partment or facility
4 G	roup grievances are prohibited.	
5. <u>X</u> Th	ne grievance was not signed and/or dated.	
6 G	rievances must be legible and presented in a courteous manner.	
7 TI	ne grievance exceeded the two (2) page limit. Description needs to be be	rief.
8 Gr	ievances based upon different events shall be presented separately.	
	e grievance was not submitted within fifteen (15) working days after the eased.	events upon which claims are
10 Yo	ou are currently under grievance restriction. You may not file any grievan	ces until
	rievance involves matter(s) that occurred at another facility and shouppropriate facility.	ald be directed by the inmate to the

12. ____ The issue(s) presented on the attached grievance has been reviewed and addressed previously.

Additional Comments:

SLD/djk

CC: FILE

DC-15

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF CORRECTIONS

P.O. BOX 598 CAMP HILL, PA 17001-0598

FOR OFFICIAL USE ONLY
76613
GRIEVANCE NUMBER

OFFICIAL INMATE GRIEVANCE

TO: FACILITY GRIEVANCE COORDINATOR	SCE DIFFERE 02/20/04	
FROM: (INMATE NAME & NUMBER)	SIGNATURE OF INMAFE:	
WERRICK RANKINE EU5850	Jenick Kanking	
\$1531dAUTELIEFrequested	HOUSING ASSIGNMENT:	
INSTRUCTIONS:		
 Refer to the DC-ADM 804 for procedures on the in State your grievance in Block A in a brief and under 	erstandable manner.	
3. List in Block B any actions you may have taken to members you have contacted.	resolve this matter. Be sure to include the identity of sta	ff
A. Provide a brief, clear statement of your grievance.	Additional paper may be used, maximum two pages.	\neg
On 02/19/04 and 02/2	20104, 3 was denied exe	r
CISE by Clo Stephe	n becaused refused t	$ \mathcal{C} $
	EAR IN his presence	
	de aware of the medica	
and pauchalogical reas	sons; Why I refused to	
act November 1	presence, yet he con	LINUE
GET L'ANEG ZII TIM	TESET THE CONT	IIIIOIE.
to try and forced his	MSEII OII ME	
I GHTHW point Jam of	sking For A permanent	
SEPARATION From CO	Stephen and Manberr	U .
Since 9 am Not A hor	nosexual and will neve	M
DECOME A homoGEXUA ON	id 8 am In Extreme Fear of the	20 5
B. List actions taken and staff you have contacted, b		
9 SENT A GriEVance With	. /) \ t 1	511
SINFORMED A LE and S		
He had he cours	9k Plus Jgr Thrgrove Of	
This plus other issues	WITH COSTEPHEN and I'VE	in
berry and also aske	a and told Clostephen t	\mathcal{O}
STAY AWAY From ME, Not t	ocrused atmeorthmeatened	CMS
Your grievance has been received and will be proces	ssed in accordance with DC-ADM 804. TO NO AVE	[1]
Signature of Facility Grievance Coordinator	Date	

DC-80@ase 1:04-cv-00100-SJM-SPB Part 3

Document 116-4

FiledCOOMTACHOWEALPHOOF2PENNSVLVANIA **PARTMENT OF CORRECTIONS** OFFICE OF THE SUPERINTENDENT'S ASSISTANT **SCI-GREENE**

DATE: February 24, 2004 FOR OFFICIAL USE ONLY 76608 **GRIEVANCE NUMBER**

SUBJECT:

Grievance Rejection Form

TO:

Mr. Rankin

I Unit, B Pod <

FROM:

Sharon L. D'Eletto

Superintendent's Assistant

The attached grievance is being returned to you because you have failed to comply with the provision(s) of DC-ADM 804, Inmate Grievance System:

1.		Grievances related to the following issues shall be handled according to procedures specified in the policies listed and shall not be reviewed by the Facility Grievance Coordinator:
		 a. DC-ADM 801-Inmate Disciplinary and Restricted Housing Unit Procedures b. DC-ADM 802-Administrative Custody Procedures c. other policies not applicable to DC-ADM 804.
2.		Block B must be completed, as per the Instruction #3 of the Official Inmate Grievance Form.
3.		The grievance does not indicate that you were personally affected by a Department or facility action or policy.
4.		Group grievances are prohibited.
5.	_X_	The grievance was not signed and/or dated.
6.		Grievances must be legible and presented in a courteous manner.
7.		The grievance exceeded the two (2) page limit. Description needs to be brief.
8.		Grievances based upon different events shall be presented separately.
9.		The grievance was not submitted within fifteen (15) working days after the events upon which claims are based.
1 0.		You are currently under grievance restriction. You may not file any grievances until
11.		Grievance involves matter(s) that occurred at another facility and should be directed by the inmate to the appropriate facility.
1 2.		The issue(s) presented on the attached grievance has been reviewed and addressed previously.

Additional Comments:

SLD/djk

CC:

FILE DC-15 Document 116-4 Filed 01/12/2007

Page 27 of 100

DC-804 Part 1

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF CORRECTIONS

P.O. BOX 598 CAMP HILL, PA 17001-0598 FOR OFFICIAL USE ONLY

76608

GRIEVANCE NUMBER

OFFICIAL INMATE GRIEVANCE

TO: FACILITY GRIEVANCE COORDINATOR	SCI-GreenE	0216104
FROM: (INMATENAME & NUMBER)	SIGNATURE OF NIMATE:	rine.
SIDOO ARUTE E FEQUESTED	HOUSING ASSIGNMENT:	
 INSTRUCTIONS: Refer to the DC-ADM 804 for procedures on the inm. State your grievance in Block A in a brief and unders. List in Block B any actions you may have taken to resmembers you have contacted. 	tandable manner.	include the identity of staff
A. Provide a brief, clear statement of your grievance. A have went a misconduct Appeals and have recieing the perintendent folino-y have	ARPEAL to MO	ou and Rarievance
requests to Superintend recieved responses to	ent taling and only two c	of these
Present Would be grate to Superintendents respondent, and grievance A my Administrative reme Zn the Courts, if my di	onse to the	abtain the EADOVE mis can complete
B. List actions taken and staff you have contacted, before and the staff of the Superand Mr. Transport of the due Administration	1 1 7	slino on oblizion
LECIEVED NO SATISFACTOR	ry response Mr. O'Hara and	Mr. Bither.
Your grievance has been received and will be processed	ed in accordance with DC-Al	DM 804.
Signature of Facility Grievance Coordinator		Date

DC-80 Case 1:04-cv-00100-SJM-SPB Part 3

Document 116-4

FILE GOMMONWEALTH OF PENNSYLVANIA PARTMENT OF CORRECTIONS

OFFICE OF THE SUPERINTENDENT'S ASSISTANT SCI-GREENE

DATE:

March 8, 2004

SUBJECT:

Grievance Rejection Form

TO:

Mr. Rankin, EU-5850

F Lythit, A Poct

FROM:

Sharon L. D'Eletto

Superintendent's Assistant

FOR OFFICIAL USE ONLY 77892 **GRIEVANCE NUMBER**

The attached grievance is being returned to you because you have failed to comply with the provision(s) of DC-ADM 804. Inmate Grievance System:

- 1. Grievances related to the following issues shall be handled according to procedures specified in the policies listed and shall not be reviewed by the Facility Grievance Coordinator:
 - DC-ADM 801-Inmate Disciplinary and Restricted Housing Unit Procedures a.
 - b. DC-ADM 802-Administrative Custody Procedures
 - other policies not applicable to DC-ADM 804.
- 2. Block B must be completed, as per the Instruction #3 of the Official Inmate Grievance Form.
- 3. ____ The grievance does not indicate that you were personally affected by a Department or facility action or policy.
- 4. ___ Group grievances are prohibited.
- The grievance was not signed and/or dated.
- 6. ___ Grievances must be legible and presented in a courteous manner.
- The grievance exceeded the two (2) page limit. Description needs to be brief.
- 8. X Grievances based upon different events shall be presented separately.
- 9. ____ The grievance was not submitted within fifteen (15) working days after the events upon which claims are based.
- 10. ____ You are currently under grievance restriction. You may not file any grievances until ___
- 11. ___ Grievance involves matter(s) that occurred at another facility and should be directed by the inmate to the appropriate facility.
- 12. ____ The issue(s) presented on the attached grievance has been reviewed and addressed previously.

Additional Comments:

SLD/ack

CC:

FILE

DC-15

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF CORRECTIONS

FOR OFFICIAL USE ONLY

	P.O. BOX 598	GRIEVANCE NUMBER
OFFICIAL INMATE GRIEVANCE	CAMP HILL, PA 17001-0598	
TO: FACILITY GRIEVANCE COORDINATOR	$10 \div 1$	DATE:
SCI-Greene	SCI-UTEENE	03106104
FROM: (INMAPE NAME & NUMBER)	SIGNATURE OF MIMATE	200
WORKASSIGNMENT: 1 RE-LI		inkinė
RELIEF YEQUESTED BYON		(
INSTRUCTIONS:		
 Refer to the DC-ADM 804 for proced State your grievance in Block A in a b 	ures on the inmate grievance system.	
3. List in Block B any actions you may h	ave taken to resolve this matter. Be sure	e to include the identity of staff
members you have contacted.		
A. Provide a brief, clear statement of yo		
From, 02/23/04	All my 159 Al, relig	rious and Educa
tional materials	s hiere stolen b	u RHU STAFF
znan EFFort, to		
In Late State	S OBSTRUCT THE QUE	= Harminstining
In both State	and leasiff (00	arts a D Would
like All my bible	s return to me	E with my 159Al
IMPTERIALS and A	ccess to and (used of the
COPY MAChine to	o prepare my i	APPEA to be
Mailed to the	Courts falso	NEED 500
trucina Marcha		
Uping Driets a	ind 50 carbon pi	apers and 10
Manith Enevelop	Es Thank Uniu	All
		• • •
B. List actions taken and staff you have	contacted, before submitting this grieva	nce.
Szntormed Dra	Sacks and Sats	Santouo on A
drily I note I - L	(== n 02/23/N/0	181 JAN 180
anily of sis betw	JEBN OF 120104 CI	a row bars
B. List actions taken and staff you have S Z N F O M	ian and asked ()risachs to
ZHORMED CANT	oin Hall and Mr -	Trum on Azlalila
and 03/05/01/	No number	-varion 0310410
110 02/00/04 70	NO HVAIIC	

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Facility Grievance Coordinator

Date

S/A-GRN.001 Rev. 07/14/03 COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF CORRECTIONS SCI GREENE OFFICE OF THE SUPERINTENDENT 724-852-2902

March 16, 2004

SUBJECT: Appeal of Rejected Grievance 77892

TO:

Mr. Rankin EU 5850

I Unit, B Pod

FROM:

Louis S. Folino Superintendent

I am in receipt of your 03/11/04 appeal of the Grievance Coordinator's rejection of Grievance Number 77892. I have reviewed your grievance packet and the Grievance Coordinator's rationale for rejecting your grievance, dated 03/08/04.

DC-ADM 804, at Section IV, A, 1, k, directs that different events should be presented separately. Insofar as I find no core organizing reason to include all these events in one grievance and there is no shortage of grievances from the RHU, I suggest you follow the direction of the Grievance Coordinator. Also, please use your name of commitment in all correspondence with the Department of Corrections.

Your instant appeal is denied.

Attach.:

Rejected Grievance Number 77892

CC:

Deputies' Complex (1)

CSA Grievance File at 77892

DC-15 EU 5850

(inmate 2004\grievances\rejection appeal\EU 5850 Rankin and Grievance Number 77892.03-16-04)

Case 1:04-cv-00100-SIM-SPBI Procument 1/26-cy ZFiled 101/10/2007 Page 31 of 100
TO Superintendent Folino. From Lerrick RANKINE 3112 RHU FA-7' DHE 03/11/04. The grievance officer need to be train about the purposi of Agrievance and the grievance system RHUSTAFF refuse

to give the znmates grievance and requests to staff so WE ATE BEEN Forced to WOLK With limited supplies, In an effort to COVER-UP THE Abases that is taking placedaily an the RHU by RHU STAFF.

From 02/24/04 All my legal religious and Education Al materials were stolen by RHU staff In uneffort to denied ME, ACCESS to the courts. I would like All my bibles, All my lega

materials, my irish spring sompreturn to me

I would also like access to and used of the copy machine With lopens to propper my Appenl to send to the courts. Jalso NEED 500 tuping sheets and 50 carbon papers with lopens since RHU state Clo Stickles) refused to give me pens when my per

also since 02/22/04,0 have been denied supprote WEMPTY. Shower, Access to the gard, A stapler, And Access to the LAW Library, and clostickles keep calling me A pieceuf Ship ostinking RAKIN staring at mezamog cell giving me sugar on my dinner tray and exchanging my cardiac diet for A high protein diet. I would the some requests to staff and grievances and to get A permanent separation from Cl Stickles, CloJordan, CloStump, CloManberry, Clostophena C/U Rausen winder. I have no requests to staff 80 Jam CORAUSENWINDER ON THIS DEET ROSPECTIBILITY
Forced to DENd this Appeal on this Dheet Rospectibility
Comuch Ranking

03/11/04.

Filed 01/12/2007

Page 32 of 100

DC-ADM 804, Inmate Grievance System DC-804

Attachment E

Part 2

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF CORRECTIONS P.O. BOX 598 CAMP HILL, PA 17001

OFFICIAL INMATE GRIEVANCE INITIAL REVIEW RESPONSE

GRIEVANCE NO.

77895

TO: (Inmate Name & DC No.)		FACILTIY	HOUSING LOCATION	GRIEVANCE DATE
Rankin	EU-5850	SCI-Greene	F/A 07	3/6/04

The following is a summary of my findings regarding your grievance:

I am in receipt of your grievance and have been assigned to investigate your allegations.

You state in this grievance that you refuse to "have homosexual relationships with Officers Mansberry, Stephens and Rauenswinder, withdraw your lawsuits against SCI's Albion and Somersel" and, finally, you have "stopped praising God three times per day". You further state that you were not served your meal trays from 2/22/04 to 3/1/04, despite stating that Officers Henry, Cole and Blake asked you if you wanted your food loaf.

Mr. Rankin, you are currently housed on F/Unit. You were placed on F/Unit because you threw a hot cup of coffee on Officer Mansberry and were subsequently placed on a behavior-modified diet (food loaf) and placed on restricted movement. I regard officers Mansberry, Stephens and Rauenswinder as professional, courteous and diligent workers. They conduct their duties within department guidelines and directives. Your inference that these Officers wished to have "homosexual" relations with you is libelous.

This grievance is summarily denied.

AG:ag

CC:

Grievance Coordinator Deputy Barone Deputy Jackson DC-15

Print Name and Title of Grievance Officer	SIGNATURE OF GRIEVANCE OFFICER	DATE
	N/L X	3/17/04
LT A.E. GUMBAREVIC		
	"	

TO: FACILITY GRIEVANCE COORDINATOR

de

Part 1 (16)

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF CORRECTIONS

P.O. BOX 598 CAMP HILL, PA 17001-0598 FOR OFFICIAL USE ONLY

GRIEVANCE NUMBER

OFFICIAL INMATE GRIEVANCE

DATE **FACILITY:**

~ Inant Refer to the DC-ADM 804 for procedures on the inmate grievance system.

2. State your grievance in Block A in a brief and understandable manner.

3. List in Block B any actions you may have taken to resolve this matter. Be sure to include the identity of staff members you have contacted. A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages. homosexual MAVE staff you have contacted, before Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Facility Grievance Coordinator

03/08/04

Date

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF CORRECTIONS SCI GREENE OFFICE OF THE SUPERINTENDENT 724-852-2902 March 25, 2004

SUBJECT: First-Level Appeal

To Grievance Number 77895

TO:

Mr. Rankin, EU-5850

F Unit, B Pod

FROM:

ouis S. Folino

Superintendent

I am in receipt of your grievance number 77895 dated March 8, 2004; the Initial Review Response by Lieutenant Gumbarevic, dated March 17, 2004; and your first-level appeal received in this office on March 22, 2004.

After evaluation of the attached grievance, I find the response provided by the investigating staff will be upheld.

Mr. Rankin, I find you offered no argument of appeal to support your disagreement with the Initial Review Response.

I will not address any issues at this appeal level which you did not raise in your grievance.

Your appeal is denied.

LSF:tls

cc:

Deputies

Grievance Coordinator

DC-15

Case 1:04-cv-00100-SJM-SPS Document 116-4 Filed 01/12/2007 Page 35 of 100

Grievan CE Appen # 77895

To Superintendent Folino

From Derrick RANKINE EU5850. FB-7. 03/19/04.

First, Lt Gumbarevic did Not clis cussed this grievance with me in violation of DCADM-804. Nor did Lt Gumbarevic interveiwed and of the immates who witnessed and heard Clo Manberry, Stephen and Rausenwinder called me a high Er, A Fragget and a bitch. It is clear that Lt. Gumbarevic knows, approved of and is trying to cover-up the the For the above criminal activity of the above staff members.

Manberry that I did not wished to have any cuffer, so why did Clu Manberry even placed that capon my tray slot-Thirdly; I started that I will never, under any circumstances stopped praising GOD three times perday, or withdraw my law suits against SCI-Albion and SCI Somerset, sult Jumbarevic must be in need of rending lessons. I also stated that I was told by Clo Munberry, Stephenond Rausen Winder that it I want the harrasments to stop All I had to do was I withdraw my appeal 2 withdraw my law suits against SCI-Albion and Somerset's start and 3 become

A homosexual or be their Friend.

JWAS Not Fed From 02/22/04 until 03/01/04 by staff because the staff was trying to intimidated me into silence and J will not be sitent Clocole and Blake offered me a food long twice and Clothenry offerred me a food long twice at lunch, but what wife ments out of 24 ments Solt. Jam barevic should try to about Diccipaling and sent me some

requests to staff, orievances, pens, ointment, Adesk, Achair and removed CIO Strekles From Around Me; cash slips, sick

CALL YEGHESTS.

Therefore, Plaintiff Would like an investigation conducted Znto this grievance, plus \$5000 day For Everyday that I spent in FTB-7; or else I will DEE you All in court. I would also like in desk and chair plus 500 typing phoets, 50 carbon paper, lopens, lomnriln Envelopes and Access to and moved of the copy machine to prepare my legal material and mail them to the courts

I thank you in advance For my check and All the above Supplies and took For to working with you and staff zn A

productive and constructive manner. Respect Maller Demick Ranking EU5850 SCI-Greene

Demick Rankino

03/19/04.

I have no requests to staff, cach slips orievances, sick call slips pens (with ink) because Clo Con and Thompson reflused me Supplies of Wednesday and CloStickles and Sat. Gregore Aluse to give me any pens From 03/16/04 to the present time. Thank (You Gagin.

Judge Baxter

Case 1:04-cv-00100-SJM-SPB Document 116-4

DC-15

File COMMONN EALTH OF TENNSYLVANIA PARTMENT OF CORRECTIONS OFFICE OF THE SUPERINTENDENT'S ASSISTANT **SCI-GREENE**

DATE:	March 11, 2004	FOR OFFICIAL USE ONLY 78202	
SUBJECT:	Grievance Rejection Form	GRIEVANCE NUMBER	
TO: FROM:	Mr. Rankin, EU-5850 F Unit A Pod Sharon L. D'Eletto Superintendent's Assistant		
	d grievance is being returned to you because you have failed to comply wance System:	with the provision(s) of DC-ADM 804,	
1	Grievances related to the following issues shall be handled according to policies listed and shall not be reviewed by the Facility Grievance Coordin		
	 a. DC-ADM 801-Inmate Disciplinary and Restricted Housing Unit Procedures. b. DC-ADM 802-Administrative Custody Procedures. c. Other policies not applicable to DC-ADM 804. 	edures.	
2	Block B must be completed, as per the Instruction #3 of the Official Inmat	te Grievance Form.	
3	The grievance does not indicate that you were personally affected by a Department or facility action or policy.		
4	4 Group grievances are prohibited.		
5. <u>X</u>	The grievance was not signed and/or dated.		
6	Grievances must be legible and presented in a courteous manner.		
7	The grievance exceeded the two (2) page limit. Description needs to be b	orief.	
8	Grievances based upon different events shall be presented separately.		
9	The grievance was not submitted within fifteen (15) working days are based.	fter the events upon which claims	
10	You are currently under grievance restriction. You may not file any grievar	nces until Date	
	Grievance involves matter(s) that occurred at another facility and shou appropriate facility.	ld be directed by the inmate to the	
12	The issue(s) presented on the attached grievance has been reviewed and	addressed previously.	
Additional C	omments:		
SLD/ack			
cc: FILE			

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF CORRECTIONS

P.O. BOX 598 CAMP HILL, PA 17001-0598 FOR OFFICIAL USE ONLY **GRIEVANCE NUMBER**

OFFICIAL INMATE G	RIEVANCE
-------------------	----------

TO: FACILITY GRIEVANCE COORDINATOR	FACILITY: DATE: DATE: 03/09/04
FROM: (INMATE NAME & NUMBER) LIERRICK RANKINE EU5850	SIGNATURE of DIMATE:
WORK ASSIGNMENT:	HOUSING ASSIGNMENT:
\$2553/JAGYELIEPTEGUESTED	KHUEH-T.
1 Refer to the DC-ADM 804 for procedures on the inma	
 State your grievance in Block A in a brief and understa List in Block B any actions you may have taken to resomembers you have contacted. 	
A. Provide a brief, clear statement of your grievance. Ac	
Since 02/22/04, J. have	
attention and my Paicin	7.
, BECOUSE, J. WAS Notgiv	En my Piacin during this
time period mul ches	st pains returned and which
caused me to passed ou	
GISON WAS NOT FED From	
UETO WAS NOT DEEN by	medical staff.
I would like my Mazin	n resume 500mg zn the
morning and 600 mgzn	the EVENING, plusu Would
leke some Motrin, and to	be taken of my dietiplus
A Check For All Monies on	ved to me
B. List actions taken and staff you have contacted, before	re submitting this grievance.
DZMOrmEd Ur Sachs OF	the Abave dally from 02122101
1003104104, Jaisogavi	Emy Empty Macin package
to medical start on object	07/04 With AMEDICALTEQUES
WETT HAVE DEEN NO MEDIC	the Above daily From 02/22/01 Emy Empty Niacin package 07/04 with Amedical reques
Variation and the land the lan	
Your grievance has been received and will be processed	a in accordance with DC-ADM 804.
Signature of Facility Grievance Coordinator	Date

Filed 01/12 PARTMENT OF CORRECTIONS

FOR OFFICIAL USE ONLY

78228 GRIEVANCE NUMBER

OFFICE OF THE SUPERINTENDENT'S ASSISTANT **SCI-GREENE**

DATE:

March 11, 2004

SUBJECT:

Grievance Rejection Form

то:	Mr. Rankin, EU-5850 F Unit, A Ped
FROM:	Sharon L. D'Eletto Superintendent's Assistant
The attache	d grievance is being returned to you because you have failed to comply with the provision(s) of DC-ADM 804, vance System:
1	Grievances related to the following issues shall be handled according to procedures specified in the policies listed and shall not be reviewed by the Facility Grievance Coordinator:
	 a. DC-ADM 801-Inmate Disciplinary and Restricted Housing Unit Procedures. b. DC-ADM 802-Administrative Custody Procedures. c. Other policies not applicable to DC-ADM 804.
2	Block B must be completed, as per the Instruction #3 of the Official Inmate Grievance Form.
3	The grievance does not indicate that you were personally affected by a Department or facility action or policy.
4	Group grievances are prohibited.
5. <u>X</u>	The grievance was not signed and/or dated.
6	Grievances must be legible and presented in a courteous manner.
7	The grievance exceeded the two (2) page limit. Description needs to be brief.
8	Grievances based upon different events shall be presented separately.
9	The grievance was not submitted within fifteen (15) working days after the events upon which claims are based.
10	You are currently under grievance restriction. You may not file any grievances until Date
11	Grievance involves matter(s) that occurred at another facility and should be directed by the inmate to the appropriate facility.
12	The issue(s) presented on the attached grievance has been reviewed and addressed previously.
Additional C	Comments:
SLD/ack	

cc:

FILE

DC-15

Case 1:04-cv-00100-SJM-SPB Document 116-4 Filed 01/12/2007

Page 40 of 100

DC-804 Part 1

COMMONWEALTH OF PENNSYLVANIA **DEPARTMENT OF CORRECTIONS**

P.O. BOX 598 CAMP HILL, PA 17001-0598 FOR OFFICIAL USE ONLY 18228 GRIEVANCE NUMBER

OFFICIAL	INMATE	GRIEVANCE
----------	--------	------------------

TO: FACILITY GRIEVANCE COORDINATOR	FACILITY:	DATE:
SCI-GIEGNE	SCI-Greene	03/10/04
PROM: (INMATE NAME & NUMBER)	SIGNATURE OF INTIMATE:	
UERRICK KANKINE EU5850	demick ans	ino
WORK ASSIGNMENT:	HOUSING ASSIGNMENT:	
\$153/dayreliefrequested	KHU FA-	
INSTRUCTIONS: //	nmata griovance system	
 Refer to the DC-ADM 804 for procedures on the in State your grievance in Block A in a brief and und 	erstandable manner.	
3. List in Block B any actions you may have taken to		o include the identity of staff
members you have contacted.		
A. Provide a brief, clear statement of your grievance		
Today While Mr. Ivan WA	s on the pody	ashed Clowholdan
and Clo Mooney, Clo Stum	p, Clo Jones I-	or 12 requests
to other to file my grievan	nce Appends to t	he Superintendent
and C10 Mooney, C10 Stum to Staff to File my grievar fasked For 12 CASA Slips letter receipts; and y was), 12, grievance	s, 12 registered
letter receipts; and 9 WA	rsgiven 4 cash	slips, 2 gnevands
and No registered letter	receipts rum	103/01/040
have been denied the A	LOVE SUPPLIES	without provo
cation or justification.	= a au = FFalt	L. ATIM ME
CHTION OF JUSTINICITION,	$2mqnG_{1}$	TO CLERIN ME
ACCESS to the Courts	in lear tealess	s of the wrongs
that are been done to	me daily and t	a force meto
B. List actions taken and staff you have contacted, b	ow Saits From H	15 courts
B. List actions taken and staff you have contacted, b	efore submitting this grievance	e.
9,2n/ormed Dr. SACKs an	d Mr. Ivanofa	II the Above O
also <i>Enformed</i> PRC and o	ent three requ	Ests to Deputy
TACKSON and Superinten	dent Folinosi	MCE Janaara
20. 2004 UET THE Above	Actions contin	MEC TO NOW!
Janformed Dr. SACKS and also Zaformed PRC and a TACKSON and Superintent 20, 2004, yet the above I would like A permanent	-Separation From	the above staff.
Your grievance has been received and will be process	ssed in accordance with DC-A	DM 804
5		50 11
Signature of Facility Grievance Coordinator		Date

S/A-GRN.001 Rev. 07/14/03 **COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF CORRECTIONS** SCI GREENE OFFICE OF THE SUPERINTENDENT 724-852-2902

March 19, 2004

SUBJECT: Appeal of Rejected Grievance 78228

TO: Mr. Rankin EU 5850

I Unit, B Pod

Kouis S. Folino FROM:

/Superintendent

I am in receipt of your 03/16/04 appeal of the Grievance Coordinator's rejection of Grievance Number 78228. I have reviewed your grievance packet and the Grievance Coordinator's rationale for rejecting your grievance, dated 03/11/04.

Insofar as name of commitment is Derrick Rankin, please use that name on all correspondence with the Department of Corrections.

Your instant appeal is denied.

Rejected Grievance Number 78228 Attach.:

CC: Deputies' Complex (1)

CSA Grievance File at 78228

DC-15 EU 5850

(inmate 2004\grievances\rejection appeal\EU 5850 Rankin and Grievance Number 78228.03-19-04)

Form DC-135A	Commonwealth of Pennsylvania
INMATE'S REQUEST TO STAFF MEMBER	Department of Corrections
Grievance Appenl #78228	INSTRUCTIONS Complete items number 1-8. If you follow instructions in preparing your request, it can be responded to more promptly and intelligently.
1. To: (Name and Title of Officer) SUPERINENCEM FOLINO	2. Date: 03/16/04
3. By: (Print Inmate Name and Number) OEYYOR RANKINE EU 5850 Semuck Canking	4. Counselor's Name 5. Unit Manager's Name 4. Counselor's Name 5. Unit Manager's Name
Inmate Signature	CAPICALINAL
5/53/JAU VELIET YEQUESTED	7. Housing Assignment
8. Subject: State your request completely but briefly. G	
Vance officer's response is	Frivalous and the grievance sues on Each grievance
Charley Cla Manney Cla	Stump and Clu DANGS PAV 12.
CASh SlipA 12 GriEVanCES; 121	EGISTERED VEHEN YELVERTS and
	SIVEN 4 CASh Slips, 2 griEVances
and registered effer recve	
Southout language of the Avantification	Atlan: 2n on EFFORT TO JENCH
ME access to the Courts, DBEK	VECTESS OF THE WYNGS THAT HE
DEEN JONE to ME daily and to	FORCE ME to WITHAPAUMO 1
Appen and LAW Suits From	the Courts-Now of was moved
From CEII FA-7 BACK TO FIS, 1	Without A DESI OF CHAIR TO
Obstruct the due administration	n ot Justice
O Would Like Sone tookpas	to enevelopes wens and
ME ABOVE SUPPLIES Blus ADA	OWEY'N have not the cieved a shower
SINCE OZII8104. O Fnank MOUZA	Advance For Mour, TIME, CO-
operation and consideration	Zn the above matters.
Rossa	Edfulles Dour Sertant
The	
\sim	NNO101=50>
-lemi	A Canking
To DC 14 CAR only.	To DC 44 CAD and DC 45 IDC II
To DC-14 CAR only	To DC-14 CAR and DC-15 IRS
Staff Member Name //	Date

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF CORRECTIONS

P.O. BOX 598

CAMP HILL, PA 17001-0598

FOR OFFICIAL USE ONLY

7838

GRIEVANCE NUMBER

Date

OFFICIAL INMATE GRIEVANCE	
TO: FACILITY GRIEVANCE COORDINATOR	FACILITY: DATE:
SCI-Greene	SCI-GIFTE OSLIDIOL
PROM: (INMATE NAME & NUMBER)	SIGNATURE OF INTRIATE:
UERRICK RANKINE EU5850	HOUSING ASSIGNMENT:
WORKASSIGNMENT:	OUI) FA
\$153/dayreliefrequested	NAME OF THE PROPERTY OF THE PR
INSTRUCTIONS: // 1 Refer to the DC-ADM 804 for procedures on the inn	nate grievance system.
2. State your grievance in Block A in a brief and under	standable manner.
List in Block B any actions you may have taken to re members you have contacted.	esolve this matter. Be sure to include the identity of staff
A. Provide a brief, clear statement of your grievance.	Additional paper may be used, maximum two pages.
Today While Mr. Ivan WAS	on the pod, I asked Clowardan
and C10 Mooney, C10 Stump	, Clo Jones For 12 requests
to staff to file my grievand	E Appends to the Superintender 12 grievances, 12 registered
fasked for 12 chsh slips,	12 grievances, 12 registered
Effer receipts; and was	soiven 4 cash slips, 2 gnevance
and NO registered letter !	ECEIPTS rum asignous
have been denied the At	DOVE SUPPLIES WITHOUT Provo
cation or justification; =	znaneffort to deny me
ACCESS to the Courts,	DEEK FEDRESS OF the Wrongs
HANT ARE BEEN DONE to A	me daily and to force meto
HEC Withdraw my Appen and La	ow Suits From the courts
B. List actions taken and staff you have contacted, be	fore submitting this grievance.
DZA Formed Urisachs and	Mr. IvanofAll the Above !
also Zhrormed PKC and of	ent three requests to Deputy
Hekson and Superintend	1511 Tolino Since January
120,2004, yet the above 1	actions continues to now
I would like A permanent	JENT Folino Since January Actions Continues to Now Separation From the Above Staff.
Your grievance has been received and will be process	sed in accordance with DC-ADM 804.

Signature of Facility Grievance Coordinator

S/A-GRN.001 Rev. 07/14/03 COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF CORRECTIONS **SCI GREENE** OFFICE OF THE SUPERINTENDENT 724-852-2902

March 19, 2004

SUBJECT: Appeal of Rejected Grievance 78202

TO: Mr. Rankin EU 5850

I Unit, B Pod

FROM: ouis S. Folino

Superintendent

I am in receipt of your 03/16/04 appeal of the Grievance Coordinator's rejection of Grievance Number 78202. I have reviewed your grievance packet and the Grievance Coordinator's rationale for rejecting your grievance, dated 03/11/04.

Insofar as name of commitment is Derrick Rankin, please use that name on all correspondence with the Department of Corrections. Further, your lack of respect for staff is so noted and will not be tolerated.

Your instant appeal is denied.

Rejected Grievance Number 78202 Attach.:

CC: Deputies' Complex (1)

CSA Grievance File at 78202

DC-15 EU 5850

(inmate 2004\grievances\rejection appea\EU 5850 Rankin and Grievance Number 78202.03-19-04)

2010	ي لم	
51	2/2	
64	06	-
561	27	_

86.7	
Form DC-135A	Commonwealth of Pennsylvania
INMATE'S REQUEST TO STAFF MEMBER	Department of Corrections
	INSTRUCTIONS
Grievance Appeal	Complete items number 1-8. If you follow instructions in
#78202	preparing your request, it can be responded to more promptly and intelligently.
1 To: (Name and Title of Officer)	2. Date:
Superintendent folino	0316104
3. By: (Print Inmate Name and Number) OF VICK KANKING EU5850	4. Counselor's Name
$\bigcap_{i \in \mathcal{I}} \mathcal{I}_{i}$	5. Unit Manager's Name
demok Canking	Cia, Laula HMI
Inmate Signature	CAPTAIN ITAIL
6. Work Assignment	7. Housing Assignment
\$255314A6 TELICITYEGUESTED	KHU F15-1
8. Subject: State your request completely but briefly. G	1
Ms. DEILEHO W INCORRECT, OR	
grievance was signed and after	d. 3 believe Ms. N-Elletto dontander
Stand the purpose of the grieva	
require Zhmates to exhaust th	CIP HAMINISTRATIVE FGMEDIES BS
ada anodotetan MB. DELLETO T	JOHN WITH THE UDUES PRESENTED
En A GriEVance Govand Ms-D	Elleto responses to mughtivances
Are inteverant and zmmateria	1 SCA SCALE IN MINA
	BEEN DENIES All MESICAL AHENTION
	Not given my liacin during this
	1 and which caused ME to passed
to 03 0 104 and 45 0 was not	DEEN DO MEDICAL STATEM 12/22/14
Machin A Louis Total to Secure	EN
and in the evenings and some Y	Motrin and to be HASEN OFF MOTHINGS
9 Would also like A check For \$6	
Se Research Service Company	
toture sadistic and znhuma	ne Abuses From 02/22/04 to
THE PERIOD OF BUILDING	C Mer annow time cooperation
and consideration and the above	WE WALLEY CON COME WANT
IN DEIGHT ON AN INCHIONE	VE MANTES (CHA, AGAIN AND THINE
DS DEFILED HITHOUGH LANDING	Some of Hullin (Acut Servant
	The Coulet Tracks
	The state of the s
	Jemick Jankins
To DC-14 CAR only □	To DC-14 CAR and DC-15 IRS □
Staff Member Name /	Date
Print	Sign

OFFICIAL INMATE GRIEVANCE

DC-804 Part 1

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF CORRECTIONS

P.O. BOX 598

CAMP HILL, PA 17001-0598

FOR OFFICIAL USE ONLY **GRIEVANCE NUMBER**

Signature of Facility Grievance Coordinator	Date
Your grievance has been received and will be processed	in accordance with DC-ADM 804.
METO NAVE DEEN NO MEDICI	II MUCIUI USBEIT
to 03/04/04. Jalso gave to medical staff on 03/0 UE + Jave DEEN NO MEDICA	al dactar asuet
to medical staff on 03/0	7/04 with a medical realis
to 03/04/04. Jalso, GAVE	Mu Emplu Nincin package
YznFormed Dr. Sacks OF t	he above daily from 02/22/
B. List actions taken and staff you have contacted, before	submitting this grievance.
A Check For All Monies OW	ea to me
leke some Motrin, and to	be Tallerial Prigatelying
morning and out right	L + 1/= h AFF in which him
morning and 500 mgzh	the EVENING plusi Would
JEG LINUID PORE MUNINCIN	resume 500mg zn the
LIET TIME NOT DEEN bu	medical staff.
also I was not Fed From	no2/22/04 to 03/01/04
caused me to passed out	TWICEZACEILFB-7,
time period mul ches	t pains returned and which
, BECAUSE, J WAS NOT DIVE	in my Macin during, This
allennon and my raidh	in lose No in livering this
attention and my Paicin	
Since 02/22/04, J have	
A. Provide a brief, clear statement of your grievance. Add	litional paper may be used, maximum two pages.
 List in Block B any actions you may have taken to resol members you have contacted. 	ve this matter. Be sure to include the identity of staff
 Refer to the DC-ADM 804 for procedures on the inmate State your grievance in Block A in a brief and understa 	e grievance system.
INSTRUCTIONS:	THAT I
WORKASSIGNMENT: \$2553/JAUYE/IEPYEGUESTEJ	GUSING ASSIGNMENT:
HERRICK RANKINEEU58501	Jenick Kankune)
FROM: (INMATE NAME & NUMBER)	DCL WEENE 0310104
TO: FACILITY GRIEVANCE COORDINATOR	ACILITY: DATE: OQ OL

NWEALTH OF PENNSYLVANIA CC **DEPARTMENT OF CORRECTIONS** OFFICE OF THE SUPERINTENDENT'S ASSISTANT **SCI-GREENE**

DATE:

March 15, 2004

SUBJECT:

Grievance Rejection Form

TO:

Mr. Rankin, EU-5850 F Unit, B Poot

FROM:

Sharon L. D'Eletto

Superintendent's Assistant

FOR OFFICIAL USE ONLY 78441 **GRIEVANCE NUMBER**

	ed grievance is being returned to you because you have failed to comply with the provision(s) of DC-ADM 804, vance System:
1	Grievances related to the following issues shall be handled according to procedures specified in the policies listed and shall not be reviewed by the Facility Grievance Coordinator:
	 a. DC-ADM 801-Inmate Disciplinary and Restricted Housing Unit Procedures. b. DC-ADM 802-Administrative Custody Procedures. c. Other policies not applicable to DC-ADM 804.
2	Block B must be completed, as per the Instruction #3 of the Official Inmate Grievance Form.
3	The grievance does not indicate that you were personally affected by a Department or facility action or policy.
4	Group grievances are prohibited.
5. <u>X</u>	The grievance was not signed and/or dated.
6	Grievances must be legible and presented in a courteous manner.
7	The grievance exceeded the two (2) page limit. Description needs to be brief.
8	Grievances based upon different events shall be presented separately.
9	The grievance was not submitted within fifteen (15) working days after the events upon which claims are based.
10	You are currently under grievance restriction. You may not file any grievances until Date
11	Grievance involves matter(s) that occurred at another facility and should be directed by the inmate to the appropriate facility.
12	The issue(s) presented on the attached grievance has been reviewed and addressed previously.
Additional (Comments:
CL D#Io	

SLD/tls

CC:

FILE DC-15

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF CORRECTIONS P.O. BOY 598

P.O. BOX 598 CAMP HILL, PA 17001-0598

OFFICIAL INMATE GRIEVANCE		
TO: FACILITY GRIEVANCE COORDINATOR	FACILITY: OFGEDE	DATE: 13/04
FROM: (INMATE NAME & NUMBER) DERRICK RANKING EU5850	SIGNATURE COMMITTE:	kines)
WORK ASSIGNMENT:	HOUSING ASSIGNMENT	

INSTRUCTIONS:

- 1 Refer to the DC-ADM 804 for procedures on the inmate grievance system.
- 2. State your grievance in Block A in a brief and understandable manner.
- 3. List in Block B any actions you may have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages.

On 03/12/04, Was Moved From Pla-7 to FIB-7
Where I was Moved From on 03/08/04. There is not desk or chair In FIB-7; 80 I believe that I am been held In the cell to deny me access to the Courts; and I make my appeals.

I would like a desk and a sent in this cell to prepare my briefs to me mail to the courts and to force me to become a homo courts, and to force me to become a homo check for sociolary for everyday that I am held the cell beginning 02/23/04 to the present.

B. List actions taken and staff you have contacted, before submitting this grievance.

Spoke to Dr. SACKS and he zh Formed me that he does Not Know why was placed zn this cell, since I have Not expressed any sucidial zntentions of thoughts. I spoke to Mr. Ivan on 02/23/04 and 03/12/0 About Why Was placed zh FB-7 on 02/23/04

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Facility Grievance Coordinator

Case 1:04-cv-00100-SJM-SPB

Document 116-4

-4 Filed 01/12/2007 Page 49 of 100
ONWEALTH OF PENNSYLVANIA
EPARTMENT OF CORRECTIONS
OFFICE OF THE SUPERINTENDENT'S ASSISTANT
SCI-GREENE

DATE:

Part 3

March 18, 2004

SUBJECT:

Grievance Rejection Form

TO:

Mr. Rankin, EU-5850

F Unit, & Pod

FROM:

Sharon L. D'Eletto

Superintendent's Assistant

FOR OFFICIAL USE ONLY 78840 GRIEVANCE NUMBER

The attached grievance is being returned to you because you have failed to comply with the provision(s) of DC-ADM 804, Inmate Grievance System:

1. ____ Grievances related to the following issues shall be handled according to procedures specified in the policies listed and shall not be reviewed by the Facility Grievance Coordinator:

a. DC-ADM 801-Inmate Disciplinary and Restricted Housing Unit Procedures

		a. b. c.	DC-ADM 801-Inmate Disciplinary and Restricted Housing Unit Procedures DC-ADM 802-Administrative Custody Procedures other policies not applicable to DC-ADM 804.
2.		Block	B must be completed, as per the Instruction #3 of the Official Inmate Grievance Form.
3.			rievance does not indicate that you were personally affected by a Department or facility or policy.
4.		Group	o grievances are prohibited.
5.	<u>x</u>	The g	rievance was not signed and/or dated.
6.		Grieva	ances must be legible and presented in a courteous manner.
7.		The g	rievance exceeded the two (2) page limit. Description needs to be brief.
8.	<u>x</u>	Griev	ances based upon different events shall be presented separately.
9.		The gr	rievance was not submitted within fifteen (15) working days after the events upon which claims are

10. ____ You are currently under grievance restriction. You may not file any grievances until ______.

11. ___ Grievance involves matter(s) that occurred at another facility and should be directed by the inmate to the appropriate facility.

12. ___ The issue(s) presented on the attached grievance has been reviewed and addressed previously.

Additional Comments:

SLD/djk

CC: FILE

DC-15

COMMONWEALTH OF PENNSYLVANIA **DEPARTMENT OF CORRECTIONS**

PO BOX 598

FOR OFFICIAL USE ONLY

	CAMP HILL, PA 17001-0598	GRIEVANCE NUMBER
OFFICIAL INMATE GRIEVANCE		
TO: FACILITY GRIEVANCE COORDINATOR	FACILITY: OF THE PARTY	- DATE:
SCI-GrEENE	SCI-UTEVIL	= 193111104
FROM: (INMATÉ NAME & NÚMBER)	11 f O (7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	inkine
8193 day telief Regi	HOUSING ASSIGNMENT	(
INSTRUCTIONS: V		
 Refer to the DC-ADM 804 for procedu State your grievance in Block A in a bit 	ries on the inmate grievance system.	
3. List in Block B any actions you may ha	ave taken to resolve this matter. Be sure	e to include the identity of staff
members you have contacted.		
A. Provide a brief, clear statement of you	ır grievance. Additional paper may be	ised, maximum two pages
On 03/17/04, Jh	cay and solcar	COPTES WITH
Issitin it hu (10	Cowand solcor	MEI
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Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Facility Grievance Coordinator

DC-80Case 1:04-cv-00100-SJM-SPB Part 3

Document 116-4

Filed COT/12/2010/EALPHQ FFEMMS VLVANIA EPARTMENT OF CORRECTIONS OFFICE OF THE SUPERINTENDENT'S ASSISTANT **SCI-GREENE**

FOR OFFICIAL USE ONLY

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	4		-	•

March 18, 2004

SUBJECT:

TO:

Mr. Rankin, EU-5850

F Unit B Red

FROM:

SLD/djk

FILE DC-15

CC:

Sharon L. D'Eletto Superintendent's Assistant

78832 GRIEVANCE NUMBER Grievance Rejection Form

Inmate Grievance System: 1. ____ Grievances related to the following issues shall be handled according to procedures specified in the policies listed and shall not be reviewed by the Facility Grievance Coordinator: DC-ADM 801-Inmate Disciplinary and Restricted Housing Unit Procedures a. DC-ADM 802-Administrative Custody Procedures b. other policies not applicable to DC-ADM 804. 2. ____ Block B must be completed, as per the Instruction #3 of the Official Inmate Grievance Form. 3. ____ The grievance does not indicate that you were personally affected by a Department or facility action or policy. 4. Group grievances are prohibited. 5. X The grievance was not signed and/or dated. Grievances must be legible and presented in a courteous manner. 7. ____ The grievance exceeded the two (2) page limit. Description needs to be brief. 8. Grievances based upon different events shall be presented separately. 9. ____ The grievance was not submitted within fifteen (15) working days after the events upon which claims are based. 10. You are currently under grievance restriction. You may not file any grievances until 11. ___ Grievance involves matter(s) that occurred at another facility and should be directed by the inmate to the appropriate facility. 12. The issue(s) presented on the attached grievance has been reviewed and addressed previously. Additional Comments:

The attached grievance is being returned to you because you have failed to comply with the provision(s) of DC-ADM 804.

Document 116-4

Filed 01/12/2007

Page 52 of 100

DC-804 Part 1

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF CORRECTIONS

P.O. BOX 598

CAMP HILL, PA 17001-0598

FOR OFFICIAL USE ONLY

GRIEVANCE NUMBER

OFFICIAL INMATE GRIEVANCE

TO: FACILITY GRIEVANCE COORDINATOR	FACILITY: DATE: DATE:
PROM: (INMATE, NAME & NUMBER)	FIGNATURE OF INMATE:
DEVY CK KANKING SUS	HOUSING ASSIGNMENT:
WORKASSIGNMENT: REYMANGAL Relie requested SEPARATION TO	Duiling
INSTRUCTIONS: 40 STICKLESS	
 Refer to the DC-ADM 804 for procedures on the inm State your grievance in Block A in a brief and unders 	standable manner.
List in Block B any actions you may have taken to re members you have contacted.	·
A. Provide a brief, clear statement of your grievance. A	Additional paper may be used, maximum two pages.
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Filed O'MONWEALTH OF PENNSYLVANIA PARTMENT OF CORRECTIONS

FOR OFFICIAL USE ONLY

78227 **GRIEVANCE NUMBER**

OFFICE OF THE SUPERINTENDENT'S ASSISTANT SCI-GREENE

DATE:

March 11, 2004

SUBJECT:

Grievance Rejection Form

TO:

Mr. Rankin, EU-5850

F Unit, A Pod

FROM:	Sharon L. D'Eletto Superintendent's Assistant
	ed grievance is being returned to you because you have failed to comply with the provision(s) of DC-ADM 804, evance System:
1	Grievances related to the following issues shall be handled according to procedures specified in the policies listed and shall not be reviewed by the Facility Grievance Coordinator:
	 a. DC-ADM 801-Inmate Disciplinary and Restricted Housing Unit Procedures. b. DC-ADM 802-Administrative Custody Procedures. c. Other policies not applicable to DC-ADM 804.
2	Block B must be completed, as per the Instruction #3 of the Official Inmate Grievance Form.
3	The grievance does not indicate that you were personally affected by a Department or facility action or policy.
4	Group grievances are prohibited.
5. <u>X</u>	The grievance was not signed and/or dated.
6	Grievances must be legible and presented in a courteous manner.
7	The grievance exceeded the two (2) page limit. Description needs to be brief.
8	Grievances based upon different events shall be presented separately.
9	The grievance was not submitted within fifteen (15) working days after the events upon which claims are based.
10	You are currently under grievance restriction. You may not file any grievances until Date
11	Grievance involves matter(s) that occurred at another facility and should be directed by the inmate to the appropriate facility.

12. ____ The issue(s) presented on the attached grievance has been reviewed and addressed previously.

Additional Comments:

SLD/ack

CC:

FILE DC-15 Case 1:04-cv-00100-SJM-SPB Filed 01/12/2007 Document 116-4

Page 54 of 100

DC-804 Part 1

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF CORRECTIONS P.O. BOX 598

CAMP HILL, PA 17001-0598

FOR OFFICIAL USE ONLY 78227 GRIEVANCE NUMBER

OFFICIAL INMATE GRIEVAN	1CF
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TO: FACILITY GRIEVANCE COORDINATOR	FACILITY:	DATE:
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TROM: (INMATE NAME & NUMBER)	SIGNATURE OF INMATE:	
JERRICK KANKINE EUS850(Lemik Kanke	mo '
WORK ASSIGNMENT:	HOUSING ASSIGNMENT	
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INSTRUCTIONS: PERMANENTS CONTINUED 1 Refer to the DC-ADM 804 for procedures on the inm	on From Clo Stick	ES
1 Refer to the DC-ADM 804 for procedures on the inm	ate grievance system.	
 State your grievance in Block A in a brief and unders List in Block B any actions you may have taken to re- 	standable manner.	
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Your grievance has been received and will be process		DM 804. / 1/01/03/16/06
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Signature of Facility Grievance Coordinator

S/A-GRN.001 Rev. 07/14/03 **COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF CORRECTIONS** SCI GREENE OFFICE OF THE SUPERINTENDENT 724-852-2902

March 19, 2004

SUBJECT: Appeal of Rejected Grievance 78227

TO: Mr. Rankin EU 5850

I Unit, B Rod

FROM: Louis S. Folino

Superintendent

I am in receipt of your 03/16/04 appeal of the Grievance Coordinator's rejection of Grievance Number 78227. I have reviewed your grievance packet and the Grievance Coordinator's rationale for rejecting your grievance, dated 03/11/04.

Insofar as name of commitment is Derrick Rankin, please use that name on all correspondence with the Department of Corrections.

Your instant appeal is denied.

Attach.: Rejected Grievance Number 78227

CC: Deputies' Complex (1)

CSA Grievance File at 78227

DC-15 EU 5850

(inmate 2004\grievances\rejection appeal\EU 5850 Rankin and Grievance Number 78227.03-19-04)

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF CORRECTIONS

P.O. BOX 598 CAMP HILL, PA 17001-0598 FOR OFFICIAL USE ONLY 78227 GRIEVANCE NUMBER

OFFICIAL INMATE GRIEVANCE

OTT TOTAL INITIAL ONIEVATOR		
TO: FACILITY GRIEVANCE COORDINATOR	EACILITY:	DATE:
SI DIEENE	SCHOTTER CHARTE	03110104
CROM: (INMATE NAME & NUMBER) DETRICK RANKINE EU5850	SIGNATURE OF INMATE:	, vio ()
WORK ASSIGNMENT:	HOUSING ASSIGNMENT	
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INSTRUCTIONS: PERMANENT-SEPARATIO	n From Clo Stick	ES (
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3. List in Block B any actions you may have taken to res	solve this matter. Be sure to	include the identity of staff
members you have contacted.	dditional paper may be used	d maximum two pages
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Form DC-135A	Commonwealth of Pennsylvania
1 0111 DO-133A	Department of Corrections
INMATE'S REQUEST TO STAFF MEMBER	Department of Corrections
Prisite Land T N. Tin	INSTRUCTIONS
GriEVance Appeal	Complete items number 1-8. If you follow instructions in
78727	preparing your request, it can be responded to more
H 10221	promptly and intelligently.
To: (Name and Title of Officer)	2. Date: /// / / /
Superintendent rolling	03/16/04
3. By (Print Inmate Name and Number)	4. Counselor's Name
DETRICK KANKINE EUD800	Mr Wan
1 1 1 1 1 1 1 1 1 1	5. Unit Manager's Name
demick canhine	
Inmate Signature	CAPAIN THI
6. Work Assignment	7. Housing Assignment
811531dAU relief requested	KHII PB-7
8. Subject: State your request completely but briefly. G	ive details
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Staff Member Name Print	Date
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DC-804 Case 1:04-cv-00100-SJM-SPB

Document 116-4

6-4 FILE COM 22 WEALTH OF PENNSYLVANIA 'ARTMENT OF CORRECTIONS OFFICE OF THE SUPERINTENDENT'S ASSISTANT SCI-GREENE

DATE: March 22, 2004

Grievance Rejection Form

TO:

Part 3

Mr. Rankin, EU-5850

F Unit, B Rod

FROM:

SUBJECT:

Sharon L. D'Eletto

Superintendent's Assistant

FOR OFFICIAL USE ONLY	_
79149	
GRIEVANCE NUMBER	_

The attached grievance is being returned to you because you have failed to comply with the provision(s) of DC-ADM 804. Inmate Grievance System: 1. Grievances related to the following issues shall be handled according to procedures specified in the policies listed and shall not be reviewed by the Facility Grievance Coordinator: DC-ADM 801-Inmate Disciplinary and Restricted Housing Unit Procedures DC-ADM 802-Administrative Custody Procedures b. other policies not applicable to DC-ADM 804. Block B must be completed, as per the Instruction #3 of the Official Inmate Grievance Form. 3. ____ The grievance does not indicate that you were personally affected by a Department or facility action or policy. Group grievances are prohibited. 5. X The grievance was not signed and/or dated. 6. ____ Grievances must be legible and presented in a courteous manner. 7. ____ The grievance exceeded the two (2) page limit. Description needs to be brief. 8. ____ Grievances based upon different events shall be presented separately. 9. The grievance was not submitted within fifteen (15) working days after the events upon which claims are based. 10. ____ You are currently under grievance restriction. You may not file any grievances until ____

11. ___ Grievance involves matter(s) that occurred at another facility and should be directed by the inmate to the

12. ____ The issue(s) presented on the attached grievance has been reviewed and addressed previously.

Additional Comments:

appropriate facility.

SLD/djk

CC: FILE DC-15

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF CORRECTIONS P.O. BOX 598

FOR OFFICIAL USE ONLY

	CAMP HILL, PA 17001-0598	GRIEVANCE NUMBER
OFFICIAL INMATE GRIEVANCE	12.2	I same i
TO: FACILITY GRIEVANCE COORDINATOR	SCIAREEN	= 03/24/04
FROM: (INMATE NATIVE & NUMBER)	45850 Signature offinia) e:	npine
WORKASSIGNMENT: \$1553/JAUTELEFTE91	HOUSING ASSIGNMENT	14
 INSTRUCTIONS: 1 Refer to the DC-ADM 804 for proced 2. State your grievance in Block A in a to a list in Block B any actions you may homembers you have contacted. 		re to include the identity of staff
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B. List actions taken and staff you have		ance. Above supplies
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Your grievance has been received and	will be processed in accordance with De	C-ADM 804 Supplies Immell
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Signature of Facility Grievance Coordinator

S/A-GRN.001 Rev. 07/14/03 COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF CORRECTIONS **SCI GREENE** OFFICE OF THE SUPERINTENDENT 724-852-2902

February 17, 2004

SUBJECT: Appeal of Grievance 74129

TO:

Mr. Rankin

I Unit, B Pod

FROM:

Superintendent

I am in receipt of your 02/12/04 appeal of Grievance Number 74129.

If this issue is important to you, please use your name of commitment and re-submit within 5 days.

Your instant appeal is dismissed

Attach.:

Grievance Number 74129

CC:

Deputies' Complex (1)

CSA Grievance File at 74129

DC-15 EU 5850

(inmate 2004\grievances\appeal correspondence\EU 5850 Rankin and Grievance Number 74129.02-17-04)

DC-804 Case 1:04-cv-00100-SJM-SPB

Document 116-4

6-4 FILE COLLING AND THE OF PENNSYLVANIA
PARTMENT OF CORRECTIONS
OFFICE OF THE SUPERINTENDENT'S ASSISTANT
SCI-GREENE

DATE:

SUBJECT:

Part 3

March 22, 2004

Grievance Rejection Form

TO:

Mr. Rankin, EU-5850

F Unit. B Rod

FROM:

Sharon L. D'Eletto

Superintendent's Assistant

FOR OFFICIAL USE ONLY 79148 GRIEVANCE NUMBER

the

The attached grievance is being returned to you because you have failed to comply with the provision(s) of DC-ADM 804, Inmate Grievance System:

- Grievances related to the following issues shall be handled according to procedures specified in the policies listed and shall not be reviewed by the Facility Grievance Coordinator:
 - a. DC-ADM 801-Inmate Disciplinary and Restricted Housing Unit Procedures
 - b. DC-ADM 802-Administrative Custody Procedures

		c. other policies not applicable to DC-ADM 804.
2.		Block B must be completed, as per the Instruction #3 of the Official Inmate Grievance Form.
3.		The grievance does not indicate that you were personally affected by a Department or facility action or policy.
4.		Group grievances are prohibited.
5.	<u>x</u>	The grievance was not signed and/or dated.
6.		Grievances must be legible and presented in a courteous manner.
7.		The grievance exceeded the two (2) page limit. Description needs to be brief.
8.		Grievances based upon different events shall be presented separately.
9.		The grievance was not submitted within fifteen (15) working days after the events upon which claims are based.
10.		You are currently under grievance restriction. You may not file any grievances until
1 1.		Grievance involves matter(s) that occurred at another facility and should be directed by the inmate to appropriate facility.

12. The issue(s) presented on the attached grievance has been reviewed and addressed previously.

Additional Comments:

SLD/djk

CC: FILE

DC-15

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17894), Chiled 01/12/2007 + 14400062 0011001/19 1V6

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF CORRECTIONS

FOR OFFICIAL USE ONLY
19148
GRIEVANCE NUMBER

	P.O. BOX 598	GRIEVANCE NUMBER
OFFICIAL INMATE GRIEVANCE	CAMP HILL, PA 17001-0598	
IQ: FACILITY GRIEVANCE COORDINATOR	R FACILITY:	DATE:
Sharon DELEHO	SCI-CHEEN	= 0349 04
VFROM: (INMATE NAME & NUMBER)	SIGNATIONE OF INMATE	
DERRICK KANKINE EUS8	50 Bonock Ka	nkino'
WORK ASSIGNMENT	HOUSING ASSIGNMEN	T:
\$1553/day relief reque	isted KHU 1-113-7	
INSTRUCTIONS:		
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 State your grievance in Block A in a List in Block B any actions you may 	have taken to resolve this matter. Be su	re to include the identity of staff
members you have contacted.		
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Your grievance has been received and	will be processed in accordance with D	OC-ADM 804.

Signature of Facility Grievance Coordinator

FILE DC-15

cc:

Document 116-4 Filed ON 12/2 WEALTH OF PENNSYLVANIA ARTMENT OF CORRECTIONS OFFICE OF THE SUPERINTENDENT'S ASSISTANT. **SCI-GREENE**

DATE:	March 25, 2004	FOR OFFICIAL USE ONLY 79523	
SUBJECT		GRIEVANCE NUMBER	
TO:	Mr. Rankin, EU-5850 F Unit, B Pod Sharon L. D'Eletto Superintendent's Assistant		
	d grievance is being returned to you because you have failed to comply vance System:	with the provision(s) of DC-ADM 804,	
1	Grievances related to the following issues shall be handled according to policies listed and shall not be reviewed by the Facility Grievance Coordinates.		
	 a. DC-ADM 801-Inmate Disciplinary and Restricted Housing Unit Proc b. DC-ADM 802-Administrative Custody Procedures. c. Other policies not applicable to DC-ADM 804. 	edures.	
2	Block B must be completed, as per the Instruction #3 of the Official Inma	te Grievance Form.	
3	The grievance does not indicate that you were personally affected by a Department or facility action or policy.		
4	Group grievances are prohibited.		
5. <u>X</u>	The grievance was not signed and/or dated.		
6	Grievances must be legible and presented in a courteous manner.		
7	The grievance exceeded the two (2) page limit. Description needs to be brief.		
8. <u>X</u>	Grievances based upon different events shall be presented separate	ly.	
9	The grievance was not submitted within fifteen (15) working days a are based.	after the events upon which claims	
10	You are currently under grievance restriction. You may not file any grievance	nces until Date	
11	Grievance involves matter(s) that occurred at another facility and should appropriate facility.	uld be directed by the inmate to the	
12	The issue(s) presented on the attached grievance has been reviewed and	addressed previously.	
Additional C	Comments:		
SI D/fle		•	

DC-804 , . Part 1

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF CORRECTIONS

P.O. BOX 598 MP HILL, PA 17001-0598 FOR OFFICIAL USE ONLY
79523

GRIEVANCE NUMBER

	CAMP HILL, PA 17001-0598	
OFFICIAL INMATE GRIEVANCE		
TO: FACILITY GRIEVANCE COORDINATOR	1/ / 27	5646 03/84 04
PROM: (INMATE NAME & NUMBER)	SIGNATURE of	
DERRICK KAMPINE EU	5850 Jennek	Kankine
WORK ASSIGNMENT:	HOUSING ASSIG	ENMENT:
\$1000/dayrelie request	Ed; F/15-/-	
INSTRUCTIONS: 1 Refer to the DC-ADM 804 for proceed	lures on the inmate grievance sve	stem
2. State your grievance in Block A in a l	brief and understandable manner	:
 List in Block B any actions you may h members you have contacted. 	nave taken to resolve this matter.	Be sure to include the identity of staff
A. Provide a brief, clear statement of you	our grievance. Additional paper m	nay be used, maximum two pages.
From 02/22/04/9	HAVE DEEN C	on tined in Acell
Without A dESK on	chair without sh	nower, Without A
Changed of clothing,	From 02/22/04 7	10 03101104, Without
Changed of clothing Food From 02/22/04	60 0310110H MILL	nout ACCESS to the
MARCI ON MAN RIBINI	y 10m 021221	14 TO 03124104, 1
Met on 03/22/04	J Was stripp	ed afflighed pa
Clo Coy and Clos	schnap then c	denied Unrol because
If religion to be	"NICE and Friel	ndly to 610 cgg
and Schnap Why i Seached by Cloco	in the Nuder S L	VAS Forcablustriba
Seachel La Clocx	and Co. Schnai	
Selection of Clock	y and 4°5 chimi	
B. List actions taken and staff you have I asked to apeak tan off the pade of to apeak with RHU then zn Formed My	contacted, before submitting this	s grievance.
Luc EEII - IAII	10 001 Conner	ON OZIZZION NIO
ian oir the body +	hen bressed th	E button and Askel
HODDEAK WITH RHU	At or Captain +	tall to No AVAILY
HAGEN ZN FARMED MI	7 MM 24 22	22/6/6
111011-1110111-11	2 MI 011001	2-1-4
Your gripuppe has been reading and	will be presented in accordance	with DC ADM 904
Your grievance has been received and	wiii de processed in accordance v	WITH DC-ADM 804.

Signature of Facility Grievance Coordinator

S/A-GRN.001 Rev. 07/14/03 **COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF CORRECTIONS SCI GREENE** OFFICE OF THE SUPERINTENDENT 724-852-2902

March 31, 2004

SUBJECT: Appeal of Rejected Grievance 79523

TO: Mr. Rankin EU 5850

F Unit, B Pod

FROM:

Cooled Louis S. Folino Superintendent

I am in receipt of your 03/28/04 appeal of the Grievance Coordinator's rejection of Grievance Number 79523. I have reviewed your grievance packet and the Grievance Coordinator's rationale for rejecting your grievance, dated 03/25/04.

Insofar as name of commitment is Derrick Rankin, please use that name on all correspondence with the Department of Corrections.

Your instant appeal is denied.

Rejected Grievance Number 79523 Attach.:

CC: Deputies' Complex (1)

CSA Grievance File at 79523

DC-15 EU 5850

(inmate 2004\grievances\rejection appea\RU 5850 Rankin and Grievance Number 79523.03-31-04)

Form DC-135A	Commonwealth of Pennsylvania
INMATE'S REQUEST TO STAFF MEMBER	Department of Corrections
Grievance Appen	INSTRUCTIONS
BITEVALICE TIPFETTI	Complete items number 1-8. If you follow instructions in
#79523	preparing your request, it can be responded to more promptly and intelligently.
1 To: (Name and Title of Officer)	2. Date: Dal 6
Superintendent folino	0312810H
3. By: (Print Inmate Name and Number)	4. Counselor's Name
	5. Unit Manager's Name
word Kanline	Nicharia lin
Inmate Signature	THOUSE ASSESSMENT
6. Work Assignment	7. Housing Assignment
8. Subject: State your request completely but briefly., G	ive details
	vaus signed and dated so the one
Vance Officer NEELS GLASSES	
HE ID MIRIMOR THERE WEVE NO OI	NG LERUG PRESENTED ON THIS OFIE.
Vance but the Grievance of Fi	cer was given the perluns and
CONTINUEOUS ABUDES THAT I A	MAVE DEGIT DUBLECTED DINCE OIL
From 02/23/04 D have been	CONFINELIN A CELL WITHOUT ALEST
and chair; without A shower, so	
Frim 02/22/4 to 03/07/04	1. Without any of my losin mails
religious or Educational bring	
From 02/22/04 to 03 0/04,1	with Food, MEDICATION OR MEDICAL
attention. From 02/22/04 Wilt	ACCESS to the LAW LIBERTY
From 6212904 With MEHT CLOTH	ing, thermal and thouses
to the gray well on 0.312210	HI WAS FUTCABLY DTTIPPED DEACH
CO COO GIA CONTINE THE	Mashita Onia Obeaas wis
NOTENIZE and Friendla to	10 Cay and Schnap While Niger
Jasked to Abeak to Sat Con	ner and Soft conner run aff the
pod. Odlso pressed the GME	taency button and asked to Spenk
to the RHULL or Captain HA	TO NO AVAIL O THEN INFORMED
Mr Zvan of thus on 03/22	OH,
	CHICA HANG
	emile anema
To DC-14 CAR only □	To DC-14 CAR and DC-15 IRS □
Staff Mambar Nama	5.
Staff Member Name /	Date

Case 1:04-cv-00100-SJM

Document 116-4 File COMPANIE ALTHOUT PENNSYLVANIA OFFICE OF THE SUPERINTENDENT'S ASSISTANT **SCI-GREENE**

DATE:	March 25, 2004	FOR OFFICIAL USE ONLY 79524
SUBJECT:	_	GRIEVANCE NUMBER
TO:	Mr. Rankin, EU-5850 F Unit, B Pod Sharon L. D'Eletto Superintendent's Assistant	
	d grievance is being returned to you because you have failed to comply v	vith the provision(s) of DC-ADM 804,
1	Grievances related to the following issues shall be handled according to policies listed and shall not be reviewed by the Facility Grievance Coordin	
	 a. DC-ADM 801-Inmate Disciplinary and Restricted Housing Unit Procedures. b. DC-ADM 802-Administrative Custody Procedures. c. Other policies not applicable to DC-ADM 804. 	edures.
2	Block B must be completed, as per the Instruction #3 of the Official Inma	te Grievance Form.
3	The grievance does not indicate that you were personally affected by a De action or policy.	epartment or facility
4	Group grievances are prohibited.	
5. <u>X</u>	The grievance was not signed and/or dated.	
6	Grievances must be legible and presented in a courteous manner.	
7	The grievance exceeded the two (2) page limit. Description needs to be l	orief.
8	Grievances based upon different events shall be presented separately.	
9	The grievance was not submitted within fifteen (15) working days a are based.	fter the events upon which claims
10	You are currently under grievance restriction. You may not file any grieva	nces until Date
11	Grievance involves matter(s) that occurred at another facility and should appropriate facility.	uld be directed by the inmate to the

12. ____ The issue(s) presented on the attached grievance has been reviewed and addressed previously.

Additional Comments:

SLD/tls

FILE cc: DC-15

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF CORRECTIONS P.O. BOX 598

P.O. BOX 598 CAMP HILL. PA 17001-0598 FOR OFFICIAL USE ONLY
79524

GRIEVANCE NUMBER

OFFICIAL INMATE GRIEVANCE	A 17001-0390	
TO: FACILITY GRIEVANCE COORDINATOR	FACILITY: DAYCENE	DATE:
FROM: (INMATE NAME & NUMBER)	SIGNATURE OF INMAJE:	00(24104
DERRICK RANKING BU5850		kine
WORK ASSIGNMENT:	HOUSING ASSIGNMENT:	
INSTRUCTIONS:		
 Refer to the DC-ADM 804 for procedures on the inm State your grievance in Block A in a brief and unders 	standable manner.	
List in Block B any actions you may have taken to remembers you have contacted.	solve this matter. Be sure to	include the identity of staff
A. Provide a brief, clear statement of your grievance. A	Additional paper may be used	d, maximum two pages.
SINCE 03/2/104, C/O H	endersen hr	IVE CONSISTEMILY
tellwed to 9 AVE ME A PE	in shower to	othensteans
A Shower In METALIATION		
grievance against Clo S	Hickles	
According to CIV Ho	EN JEKSEN "YO	ou must with
draw All grievances aga	in at All staff	mem hers can
do What CO Stickles War	time to do	Mi-EN CHA
MINICASIENTE VOA	Letter Hade	1 200 = 1
Why do you think you ArE	DETIEN THAN	the others
TO day Clo Hendersen Cl	HIMED DOWN	Are Not indisent
and that there are No pe	ns In the	RHU. J Would
like A permanent SEparation	Stickles and He	enJeksen
B. List actions taken and staff you have contacted, before	ore submitting this grievance	. 1 01
On 03/22/04, 92n Form	a Mr Zvan a	nd Mr Zvun
FINFORMED CIO HENDERSEN T	tal saw e tact	lisent and that
HE WAS TO GIVE ME MY SUP	plies, MET 03	124104010
On 03/22/04, 9 In Form! In Formed Clu Hendersen the WA: to give me my sup Hendersen again reflued.	TO GAVE ME M	y Supplies 9
Would like Protective Custody F	aim ClaHende	VSEN
Your grievance has been received and will be processe		M 804

Signature of Facility Grievance Coordinator

S/A-GRN.001 Rev. 07/14/03 COMMONWEALTH OF PENNSYLVANIA **DEPARTMENT OF CORRECTIONS SCI GREENE** OFFICE OF THE SUPERINTENDENT 724-852-2902

March 31, 2004

SUBJECT: Appeal of Rejected Grievance 79524

TO:

Mr. Rankin EU 5850

F Unit, B Pod

FROM:

Holes Louis S. Folino

Superintendent

I am in receipt of your 03/28/04 appeal of the Grievance Coordinator's rejection of Grievance Number 79524. I have reviewed your grievance packet and the Grievance Coordinator's rationale for rejecting your grievance, dated 03/25/04.

Insofar as name of commitment is Derrick Rankin, please use that name on all correspondence with the Department of Corrections.

Your instant appeal is denied.

Attach.:

Rejected Grievance Number 79524

CC:

Deputies' Complex (1)

CSA Grievance File at 79524

DC-15 EU 5850

(inmate 2004\grievances\rejection appea\EU 5850 Rankin and Grievance Number 79524.03-31-04)



	•
Form DC-135A	Commonwealth of Pennsylvania
INMATE'S REQUEST TO STAFF MEMBER	Department of Corrections
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	INSTRUCTIONS
Grievance Appeal to	Complete items number 1-8. If you follow instructions in
# 705210	preparing your request, it can be responded to more
H 1952H	promptly and intelligently.
1 To: (Name and Title of Officer)	2. Date:
Superintendent foling	03/28/04
3. By: (Print Immate Name and Number)	4. Counselor's Name
VERNICK KANKINE EUS 800	1 Mr Ivan
demit Kankone	5. Unit Manager's Name
	Captain Hall
Irlmate Signature	7 Housing Assignment
6. Work Assignment	7. Housing Assignment
DE COUTUIN TELIENTE LEGISTION	IN IV I IP
8. Subject: State your request completely but briefly. G	
The orievance officer Must be L	
grievances were always signs	
	Sanking and that is the only was
	MEIOS you would better correct
mg name of will make the co	ures force you to correct the spell
ing of my famers three	-in Leiseria lanice - un sistematic le Funci
	endersen have consistently retused
to gave me a pen a shower	ADIG OFFE VANCES GOVEN STOCKES
A LILLING CHARGE CON CA	I have a set a letter to the letter to the control of the letter to the
The stand will be the stand stand of the	cto what Clusticates wanted to
ass Nigger and Whydousy thi	nk wow are better than the others
Today 03/24/04, Clu Hendersen C	aimed 60 Law Are Natingiaent and
There are no pens in the RHU: UI	n Farmed Set Housting Litery Conne
	Ivan tuld Cluttendersen thints
Eth. (Rispositioner Parity Sepanding for Selfa Paramatica Chaire)	
Trangles told Clo Hendersen	That a was indepent and that cla
HENDERSEN TAKES TO CALLE ME MI	a Bubbliss METCLO HENDERSEN
CONSISTENTIA VELLUSED TO CAVE	ME MU DUBBLES & LOUIS LIGHT
DEFMONENT SELECTION FROM C	a. Hendersen and etickles and
BIAKER AT THE TIME SUITE SUITE CILL	INDETSON
DIGNIA LIKE A SOME SUM	E aintwent A Aboutet and raid AG
MENT DENS FOR MU THIS EMB	a pens orta an indiagnopian on
MU COOKERSO INEED LA LIBE	OF SURE RIMES I have NATIFICIAL
AShuber pince 52/19/01/18	Per Sot Hall
(0)	much Kanking
To DC-14 CAR only □	To DC-14 CAR and DC-15 IRS
10 DO-14 OAR ONLY LI	10 DO- REOAR and DO-10 IKS L
Staff Member Name / /	Date
Print	Sign

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF CORRECTIONS P.O. BOX 598

FOR OFFICIAL USE ONLY

CAMP HILL, PA 17001-0598		GRIEVANCE NUMBER
OFFICIAL INMATE GRIEVANCE		
TO: FACILITY GRIEVANCE COORDINATOR	SCI Greene	DATE: 3/24 0/P
FROM: (INMATE NAME & NUMBER) SRRICK KANKING SI	SIGNATURE OF INMATE:	7(2)
WORK ASSIGNMENT:	HOUSING ASSIGNMENT:	mane)
	KHU FB-7	
INSTRUCTIONS: 1 Refer to the DC-ADM 804 for procedur	es on the inmate grievance system.	
 State your grievance in Block A in a bri List in Block B any actions you may have 	ef and understandable manner.	to include the identity of staff
members you have contacted. A. Provide a brief, clear statement of your	r grievance - Additional paper may be u	sed maximum two pages
Since 03/2/104,	CIO LIFICIEIZEN L	HARE CONSIDERING
te flusted to a AVE MI	e A pen shower t	20th by attenti
A Shower 21 MEH	allation for Filing	Justificable
grievance against	Clo Stickles.	1 11
Hesording to	10 Hendersen	Jou must with !
draw Allarievance	S against All STAP	membersand
do What CO Stickle	s Wantuou to do	Nigger" and
Why do you think we	ou are better than	the others?
TO day Clo Henders	sen Claimed " Ya	a are not indise
	No pens In the	
like A permanent SE		tem Ersen
b. List actions taken and staff you have c	ontacted, before submitting this grievar	nce.
On 03/22/04,921	Formed Mr Zvan	and Mr Ivan
ZnFormed Clu Hende	ersen that 9 was in	disent and that
THE WAS TO GIVE ME I HENJEWSEN again TE	MUSUPPLIES, CUET O	3/24/04/10
HENJERSEN again TE	TUDED TO GAVE ME V	ny Supplies 9
Way DE Protective Co	Study Fram Clathence	FVSF.N
Your grievance has been received and wi		-ADM 804.
•	•	

Signature of Facility Grievance Coordinator

Case 1:04-cv-00100-SJM-SPB

Document 116-4

Filed 01/12/2007 Page 72 of 100

"NWEALTH OF PENNSYLVANIA

'ARTMENT OF CORRECTIONS OFFICE OF THE SUPERINTENDENT'S ASSISTANT

SCI-GREENE

FOR OFFICIAL USE ONLY

DAT

SUE

TO:

Mr. Rankin, EU-5850

FROM:

Superintendent's Assistant

Œ:	March 30, 2004	79871
BJECT:	Grievance Rejection Form	GRIEVANCE NUMBER
	Mr. Ponkin EU 5950	

The attached grievance is being returned to you because you have failed to comply with the provision(s) of DC-ADM 804, Inmate Grievance System:

- Grievances related to the following issues shall be handled according to procedures specified in the policies listed and shall not be reviewed by the Facility Grievance Coordinator:
 - DC-ADM 801-Inmate Disciplinary and Restricted Housing Unit Procedures.
 - DC-ADM 802-Administrative Custody Procedures.
 - Other policies not applicable to DC-ADM 804. C.
- Block B must be completed, as per the Instruction #3 of the Official Inmate Grievance Form. 2.
- The grievance does not indicate that you were personally affected by a Department or facility action or policy.
- Group grievances are prohibited.
- The grievance was not signed and/or dated. 5. X
- Grievances must be legible and presented in a courteous manner. 6.
- The grievance exceeded the two (2) page limit. Description needs to be brief. 7.
- Grievances based upon different events shall be presented separately. 8.
- The grievance was not submitted within fifteen (15) working days after the events upon which claims are based.
- You are currently under grievance restriction. You may not file any grievances until 10. Date

Grievance involves matter(s) that occurred at another facility and should be directed by the inmate to the appropriate facility.

The issue(s) presented on the attached grievance has been reviewed and addressed previously.

Additional Comments:

SLD/tls

FILE CC:

DC-15

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF CORRECTIONS

P.O. BOX 598 CAMP HILL, PA 17001-0598

FOR OFFICIAL USE ONLY	28
GRIEVANCE NUMBER	

OFFICIAL INMATE GRIEVANCE	
TO: FACILITY GRIEVANCE COORDINATOR	FACILITY: DATE: DA
FROM: (INMATE NAME & NUMBER)	SIGNATURE OF MATE:
JERRICK HANNINE EUS 850	domik (ankine)
\$1500 day relief requested.	ROUSING ASSIGNMENT
INSTRUCTIONS	
1 Refer to the DC-ADM 804 for procedures on the inm2. State your grievance in Block A in a brief and unders	tandable manner.
3. List in Block B any actions you may have taken to resmembers you have contacted.	solve this matter. Be sure to include the identity of staff
A. Provide a brief, clear statement of your grievance. A	dditional paper may be used, maximum two pages.
	been given coffee with spit
In it by Clothenry, Coy, Tr	lompson, Mooney, Bowen
Engelhardt. Jordan and	Sot Conner and Clo Stump«
, I would like, A perman	Ent separation From All the
BLOVE TO WIND & BONY	EMILEM LE SUEST N. SEIN
MOOVE ZNATVIQUITS ON THE	S HITBHOG TEGUEST FT OFFIT
PHOVE Zndividuals of have ration order From the Ur	ited States 1918trict Court
N."	
O/a Lb	
hise	
3,	
B. List actions taken and staff you have contacted, before	re submitting this grievance.
UDENT A request to Captain	HAIL ZHIOTMEN I'VI TVAN AND
All Medical Start and Dugn	Ed myself off my allety
9 DENT A FEQUEST TO CAPTAIN All MEdical STAFF and Dign also went a request to PR Superintendent Foling, West	CIDEPUTY TACKSON and FO
QUESTINEMENT Faling, LIET.	the insipid and despictible

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Facility Grievance Coordinator

Case 1:04-cv-00100-SJM-SPB

Document 116-4

Filed 01/12/2007 Page 74 of 100 CO NWEALTH OF PENNSYL

'ARTMENT OF CORRECTIONS
OFFICE OF THE SUPERINTENDENT'S ASSISTANT

SCI-GREENE

FOR OFFICIAL USE ONLY

79870 GRIEVANCE NUMBER

_	•	_	_	_
.,	Δ		-	•

March 30, 2004

SUBJECT:

Grievance Rejection Form

TO:

Mr. Rankin, EU-5850

F Unit, B Pod

FROM:

Sharon L. D'Eletto

Superintendent's Assistant

The attached grievance is being returned to you because you have failed to comply with the provision(s) of DC-ADM 804, Inmate Grievance System:

- 1. X Grievances related to the following issues shall be handled according to procedures specified in the policies listed and shall not be reviewed by the Facility Grievance Coordinator:
 - a. DC-ADM 801-Inmate Disciplinary and Restricted Housing Unit Procedures.

	b. DC-ADM 802-Administrative Custody Procedures.c. Other policies not applicable to DC-ADM 804.
2	Block B must be completed, as per the Instruction #3 of the Official Inmate Grievance Form.
3	The grievance does not indicate that you were personally affected by a Department or facility action or policy.
4	Group grievances are prohibited.
5. <u>X</u>	The grievance was not signed and/or dated.
6	Grievances must be legible and presented in a courteous manner.
7	The grievance exceeded the two (2) page limit. Description needs to be brief.
8	Grievances based upon different events shall be presented separately.
9	The grievance was not submitted within fifteen (15) working days after the events upon which claims are based.
10	You are currently under grievance restriction. You may not file any grievances until Date
11	

12. ____ The issue(s) presented on the attached grievance has been reviewed and addressed previously.

Additional Comments:

appropriate facility.

SLD:tls

CC:

FILE DC-15

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF CORRECTIONS

P.O. BOX 598 CAMP HILL, PA 17001-0598 FOR OFFICIAL USE ONLY

19970

GRIEVANCE NUMBER

OFFICIAL INMATE	GRIEVANCE
-----------------	------------------

TO: FACILITY GRIEVANCE COORDINATOR	EACILITY: O. DATE:
Sharon NEletto	60- ALERIE 103129/04
FROM: (INMATE NAME & NUMBER)	SIGNATURE of INMATE:
WERRICK KANKINE EUS 850	Jerrick Kankine
WORK ASSIGNMENT:	HOUSING ASSIGNMENT:
\$120,000 relief requested	KHU HB
INICTRUCTIONIC	•

INSTRUCTIONS:

- 1 Refer to the DC-ADM 804 for procedures on the inmate grievance system.
- 2. State your grievance in Block A in a brief and understandable manner.
- 3. List in Block B any actions you may have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages.
On 02/26/04, & was diven a misconduct and a hearing
the same and bentence to 120 day DC time. On
03/04/04, & bent my appeal to PRC, by Clostickles
yet & have recieved no response from the PRC as
yet.

B. List actions taken and staff you have contacted, before submitting this grievance.
On 03/20/01+9 FILED ON APPEAL by GIO Engelnard to
Superintendent Foling. On 08/28/04 C/O BOWEN
took another request to PRC From me Asking For
PRC request response to my misconduct
APPEAL and DENton Appeal to O.P.R. and Secretary BEAT

Signature of Facility Grievance Coordinator

Filed 01/12 EPARTMENT OF CORRECTIONS

OFFICE OF The SUPERINTENDENT'S ASSISTANT SCI-GREENE

DATE: March 31, 2004

SUBJECT: Grievance Rejection Form

F Minit. B Pod

TO: Mr. Rankin, EU-5850

Additional Comments:

FILE DC-15

SLD/ack

CC:

FROM:

Sharon L. D'Eletto

Superintendent's Assistant

FOR OFFICIAL USE ONLY 79970 GRIEVANCE NUMBER

The attached grievance is being returned to you because you have failed to comply with the provision(s) of DC-ADM 804, Inmate Grievance System: Grievances related to the following issues shall be handled according to procedures specified in the policies listed and shall not be reviewed by the Facility Grievance Coordinator: DC-ADM 801-Inmate Disciplinary and Restricted Housing Unit Procedures a. DC-ADM 802-Administrative Custody Procedures b. other policies not applicable to DC-ADM 804. 2. ____ Block B must be completed, as per the Instruction #3 of the Official Inmate Grievance Form. The grievance does not indicate that you were personally affected by a Department or facility action or policy. Group grievances are prohibited. 5. X The grievance was not signed and/or dated. Grievances must be legible and presented in a courteous manner. 7. ____ The grievance exceeded the two (2) page limit. Description needs to be brief. 8. ___ Grievances based upon different events shall be presented separately. 9. X The grievance was not submitted within fifteen (15) working days after the events upon which claims are based. You are currently under grievance restriction. You may not file any grievances until ____ Grievance involves matter(s) that occurred at another facility and should be directed by the inmate to the appropriate facility. The issue(s) presented on the attached grievance has been reviewed and addressed previously.

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Facility Grievance Coordinator

DC-804Case 1:04-cv-00100-SJM-SPB

Document 116-4

	EPARIMENI	OF CO	RRECTIONS
OFFICE OF THL	JUPERINTEN	DENT'S	ASSISTAN
		5	CI-GREENE

DATE:

March 31, 2004

SUBJECT:

Grievance Rejection Form

TO:

Mr. Rankin, EU-5850

FROM:

Sharon L. D'Eletto

Superintendent's Assistant

F Upit, B Pod

79971 **GRIEVANCE NUMBER**

FOR OFFICIAL USE ONLY

The attached grievance is being returned to you because you have failed to comply with the provision(s) of DC-ADM 804, Inmate Grievance System:

- Grievances related to the following issues shall be handled according to procedures specified in the policies listed and shall not be reviewed by the Facility Grievance Coordinator:
 - DC-ADM 801-Inmate Disciplinary and Restricted Housing Unit Procedures a.
 - DC-ADM 802-Administrative Custody Procedures b.
 - other policies not applicable to DC-ADM 804.
- Block B must be completed, as per the Instruction #3 of the Official Inmate Grievance Form.
- 3. ____ The grievance does not indicate that you were personally affected by a Department or facility action or policy.
- Group grievances are prohibited.
- 5. X The grievance was not signed and/or dated.
- 6. ___ Grievances must be legible and presented in a courteous manner.
- The grievance exceeded the two (2) page limit. Description needs to be brief.
- 8. Grievances based upon different events shall be presented separately.
- 9. X The grievance was not submitted within fifteen (15) working days after the events upon which claims are based.

10. ____ You are currently under grievance restriction. You may not file any grievances until ___

Grievance involves matter(s) that occurred at another facility and should be directed by the inmate to the appropriate facility.

12. ___ The issue(s) presented on the attached grievance has been reviewed and addressed previously.

Additional Comments:

SLD/ack

CC: FILE

DC-15

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF CORRECTIONS

P.O. BOX 598 P HILL, PA 17001-0598 FOR OFFICIAL USE ONLY

CAMP HILI OFFICIAL INMATE GRIEVANCE	L, PA 17001-0598	GRIEVANCE NUMBER
TO: FACILITY GRIEVANCE COORDINATOR SCI-GYEENE FROM: (INMATE NAME & NUMBER) JERRICK RANKINE EU5850 WORK ASSIGNMENT: \$1553 UNIVERSE	FACILITY: CCT-GYEEM SIGNATURE OF INMATE: HOUSING ASSIGNMENT RHU(FA-7)	E 03/06/04/2
 INSTRUCTIONS: Refer to the DC-ADM 804 for procedures on the State your grievance in Block A in a brief and und List in Block B any actions you may have taken to members you have contacted. 	derstandable manner. o resolve this matter. Be sur	
A. Provide a brief, clear statement of your grievance On 03/05/04, Swas Move Continued to asked 2 towels, Soap, wash ra	ed From FB- For A blank age and Acha	7 to FA-7.9 Et, two sheets inge of cothing
With my property to No On 03106104, I WAS FO and my CELL WAS SEATCH WAS REMOVED From my C	cell by Sot	Gantoyo.
I was told by CIO BIA him Not to gave meany tooth brush, pen, sheets clothing, underweats or	of my prop blankst, so	perty, toothpasts pap or change of
that he don't know why S perty From 02/23/04-3 c to Mr. Ivan daily to NO F	n o2/24/04/02 flog and Dr. G vation Cell be have not rece asked asked avail-	SACKS to WE ME, USECULITY; and IVED All MY Proto to DEE and OPER
Your grievance has been received and will be proce	essed in accordance with D0	C-ADM 804

DC-86 ase 1:04-cv-00100-SJM-SPB Document 116-4 Filed COTIMA CONVEAL PRIOR PARTMENT OF CORRECTIONS

OFFICE OF THE SUPERINTENDENT'S ASSISTANT SCI-GREENE

DATE: April 9, 2004

SUBJECT: Grievance Rejection Form

TO: Mr. Rankin, EU-5850
F Unit, D Pod (1 - 7)

The attached grievance is being returned to you because you have failed to comply with the provision(s) of DC-ADM 804, Inmate Grievance System:

1. ___ Grievances related to the following issues shall be handled according to procedures specified in the policies listed and shall not be reviewed by the Facility Grievance Coordinator:

- a. DC-ADM 801-Inmate Disciplinary and Restricted Housing Unit Procedures
- b. DC-ADM 802-Administrative Custody Procedures
- c. other policies not applicable to DC-ADM 804.
- 2. ____ Block B must be completed, as per the Instruction #3 of the Official Inmate Grievance Form.
- 3. ___ The grievance does not indicate that you were personally affected by a Department or facility action or policy.
- Group grievances are prohibited.

Sharon L. D'Eletto

Superintendent's Assistant

- 5. X The grievance was not signed and/or dated.
- 6. ____ Grievances must be legible and presented in a courteous manner.
- The grievance exceeded the two (2) page limit. Description needs to be brief.
- 8. ___ Grievances based upon different events shall be presented separately.
- 9. X The grievance was not submitted within fifteen (15) working days after the events upon which claims are based.

10. ____ You are currently under grievance restriction. You may not file any grievances until _____.

11. ___ Grievance involves matter(s) that occurred at another facility and should be directed by the inmate to the appropriate facility.

12. The issue(s) presented on the attached grievance has been reviewed and addressed previously.

Additional Comments: The Grievance Coordinator cannot adequately review your grievance as you have not provided a date on which the issue in question is alleged to have occurred. If this grievance issue is still of concern to you, please supply a date or dates on which the issue occurred and resubmit the grievance form using the same grievance number provided on the grievance form. Please resubmit the corrected grievance form within five (5) working days. DO NOT USE A GRIEVANCE NUMBER FOR ANY OTHER ISSUE.

SLD/djk

FROM:

CC: FILE DC-15

Filed 01/1/2/2007

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DC-804 Part 1

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF CORRECTIONS

P.O. BOX 598 P HILL. PA 17001-0598 FOR OFFICIAL USE ONLY

80901

GRIEVANCE NUMBER

Date

	MP HILL, PA 17001-0598	GRIEVANCE NUMBER
OFFICIAL INMATE GRIEVANCE		
TO: FACILITY GRIEVANCE COORDINATOR	SCI-DIEENG	0408104
FROM: (INMATE NAME & NUMBER)	SO CONTURE ONNMATE:	kino
WORK ASSIGNMENT:	HOUSING ASSIGNMENT:	
INSTRUCTIONS: 1 Refer to the DC-ADM 804 for procedures of the State your grievance in Block A in a brief at 3. List in Block B any actions you may have to	and understandable manner.	to include the identity of staff
members you have contacted. A. Provide a brief, clear statement of your gri	evance. Additional paper may be u	sed, maximum two pages.
Sings Monday have	EEN denied All my back	redical attention
OVEY, and due to the	itching I am w	19 to Itch All
FAKEV MINISTE 9 BAKE	d forming capital	1000 TO DIESE
FOREX Ample I have is unable to go back	to please due to	Haji Tehing
) and 10	i mu somities
B. List actions taken and staff you have contained the bubb	ble Clobs Henry C	su Schnap Johnson
and Alto plus the Jen	ash Rabbi and the	n took all ma
MEDICATIONS THAT WER	E in my cell which	notopped the itening
From 12:39 Amateday and	The emergency bad	TON PEPENTEDLY
B. List actions taken and staff you have contained the bubble and Alta plus the Jew Medications that Wer Shave been pressing from 12:30 Amatoday and a promped him of this and your grievance has been received and will be	HOGICH CHICATOL AND	ADM 804
Tour grievarios has seen received and will be	processed in accordance with DC-	

Signature of Facility Grievance Coordinator

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF CORRECTIONS SCI GREENE OFFICE OF THE SUPERINTENDENT 724-852-2902 April 14, 2004

SUBJECT: Appeal of Rejected Grievance 80901

TO:

Mr. Rankin, EU-5850

F Unit, B Pod

FROM:

Louis S. Folino Superintendent

I am in receipt of your 4/12/04 appeal of the Grievance Coordinator's rejection of Grievance number 80901. I have reviewed your grievance packet and the Grievance Coordinator's rationale for rejecting your grievance, dated 4/8/04.

Insofar as name of commitment is Derrick Rankin, please use that name on all correspondence with the Department of Corrections.

Your instant appeal is denied.

Attach:

Grievance Appeal 80901

LSF/tls

Cc:

Deputies

CSA Grievance File at 80901

DC-15 EU-5850

•	
Form DC-135A	Commonwealth of Pennsylvania
INMATE'S REQUEST TO STAFF MEMBER	Department of Corrections
	INSTRUCTIONS
Grievance Appenl # 80901	Complete items number 1-8. If you follow instructions in
	preparing your request, it can be responded to more
	promptly and intelligently.
1. To: (Name and Title of Officer)	2. Date:
Superintendent Folino	OHI ZIGH
3. By: (Print Inmate Name and Number) DEN 17 TCK RANKINE EU 5850	4. Counselor's Name
DERRICK KANKINE EU 5850	Mr. Lvan
demin Cantine	5. Unit Manager's Name
Inmate Signature	Cartain Itall
6. Work Assignment	7. Housing Assignment
\$ 1004 day relief requested	RHU FIb-9.
8. Subject: State your request completely but briefly. G	ive details.
	ndenied all medical attention and my
benflory which caused my boldy	to itch All over and due to thus itching
I am unuste to sleep, for example,	
and did not go back to sleep becan	USE OF this DEVERE Itchings
	by Schnip Johnson and RHULE plus
the JEWISH KAPPI and took All m	
	nly of have pressed the emergency
button repentelly From 12:30 Am on	
	uls Danw A Physician Assistance on
	etd was not given any medications to
On OH OF LOW WAS GIVEN 25 MG	
	ma up to only lule. I was interinform
	nadroll without any consultation with
MED never asked to be taken off a	
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to be tortured at this times wou	
	my pain and outfering from oh objut
to CHIDIOLE & Thank arou = n Advance	E Fut mour time co-operation and
consideration = thus matter, and	Look Forward to working with anou
and your staff zn a productive ar	id constructive manner
N.B.	
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this pud I chilled you to show In C	hrist & Es as My LORD and GODI
you letters from the Court	mich 15 and mo
With the correct opelling of mo 1001	non Campino
TO DC-14 CAR ONLY INTIME and you ran.	To DC-14 CAR and DC-15 IRS □
-	
Staff Member Name /	Date
Print	Sign

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF CORRECTIONS P.O. BOX 598

P.O. BOX 598 MP HILL, PA 17001-0598 FOR OFFICIAL USE ONLY

GRIEVANCE NUMBER

	P HILL, PA 17001-0598	
OFFICIAL INMATE GRIEVANCE		
TO: FACILITY GRIEVANCE COORDINATOR	FACILITY:	DATE
Sharon Ubisto	SXI-KITEE	
FROM: (INMATE NAME & NUMBER)	STENATURE ON NA) // - \
WERKIEK RANKINE EU585		anking
WORK ASSIGNMENT:	HOUSING ASSIGNME	ENT:
	KUTID	1
INSTRUCTIONS:		
1 Refer to the DC-ADM 804 for procedures of 2. State your grievance in Block A in a brief ar		·
3. List in Block B any actions you may have tal		sure to include the identity of staff
members you have contacted.		
A. Provide a brief, clear statement of your grie	vance. Additional paper may b	pe used, maximum two pages.
Sinds Monday & HAVE) L	een denied all	in dien strukon
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TO OX MINDE AS STRUB	perilab i ton	1 12 30 mana
w unable to go back	to DIEED due.	to this atching.
	,	10 11100 30 13120
B. List actions taken and staff you have contact	cted, before submitting this grie	evance.
B. List actions taken and staff you have contact of the bubb and Altoplus the JEW MEDICATIONS THAT WE'RE AND A DEED DEED DEED DEED DEED DEED DE	E Clar Hann	Car Colona Tolona
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and fitte plus the JEW	511 Kabbi and H	nen to all
MEDICATIONS HOLL , IEL	- 110 100 1 - 110	itel Took HII WA
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D MAVE been pressing t	he emergency	catton Figure 1
From 12:39 Arms today and a	isked to see adoc	ard soll I be 9
ZOFOLMET AIM OF HALL ONG	INCK EN SUNCONION	had the thand
Your grievance has been received and will be	processed in accordance with	DC-ADM 804
The second secon	process in adopt during with	DO ADM OUT.
	_	
Signature of Facility Grievance Coordinator		Date

SLD/tls

cc:

FILE

DC-15

Filed OILL SPARTMENT OF CORRECTIONS

OFFICE OF The SUPERINTENDENT'S ASSISTANT **SCI-GREENE**

DATE:	April 1, 2004	FOR OFFICIAL USE ONLY 80093
SUBJECT	: Grievance Rejection Form	GRIEVANCE NUMBER
TO: FROM:	Mr. Rankin, EU-5850 F Unit, B Pod Sharon L. D'Eletto Superintendent's Assistant	
	d grievance is being returned to you because you have failed to comply w vance System:	rith the provision(s) of DC-ADM 804
1	Grievances related to the following issues shall be handled according to policies listed and shall not be reviewed by the Facility Grievance Coordin	
	 a. DC-ADM 801-Inmate Disciplinary and Restricted Housing Unit Procedures. b. DC-ADM 802-Administrative Custody Procedures. c. Other policies not applicable to DC-ADM 804. 	edures.
2	Block B must be completed, as per the Instruction #3 of the Official Inmat	te Grievance Form.
3	The grievance does not indicate that you were personally affected by a De action or policy.	epartment or facility
4	Group grievances are prohibited.	
5. <u>X</u>	The grievance was not signed and/or dated.	
6	Grievances must be legible and presented in a courteous manner.	
7	The grievance exceeded the two (2) page limit. Description needs to be b	rief.
8	Grievances based upon different events shall be presented separately.	
9	The grievance was not submitted within fifteen (15) working days at are based.	fter the events upon which claims
10	You are currently under grievance restriction. You may not file any grievan	
11	Grievance involves matter(s) that occurred at another facility and shou	Date Id be directed by the inmate to the
	appropriate facility.	
12	The issue(s) presented on the attached grievance has been reviewed and	addressed previously.
Additional C	omments:	

Case 1:04-cv-00100-SJM-SPB DC-804 Filed 01/12/2007 Document 116-4

Part 1

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF CORRECTIONS P.O. BOX 598

CAMP HILL, PA 17001-0598

Page 86 of 100 FOR OFFICIAL USE ONLY **GRIEVANCE NUMBER**

OFFICIAL INMATE GRIEVANCE	
TO: FACILITY GRIEVANCE COORDINATOR	FACILITY: DATE: DATE: DATE:
SNATON DISTETS PROM: (INMATE NAME & NUMBER)	SCHUBENG 03/3/104
DERRICK RANKINEEU5850	Donak Kankine
WORKASSIGNMENT: \$115310MY/BIGF/169USSTED	HOUSING ASSIGNMENT:
INSTRUCTIONS:	
 Refer to the DC-ADM 804 for procedures on the inm State your grievance in Block A in a brief and unders 	
	solve this matter. Be sure to include the identity of staff
A. Provide a brief, clear statement of your grievance. A	Additional paper may be used, maximum two pages.
Ginz 02/22/04, 0/0 BON	Jen, Henruz Cou, Thompson
Mooney, Schnap, Stickles,	Blaker, Anderson and Henderson
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CHANGES UARDI ACCESS TO	the LAW LIBRARY, THE MUSE
LEU CLUBEN atect Zh NG	Wilhtigh for Velociting UV
Manberry, Stephen, Kausen	winder, Blaker, Stickles, and
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E LOVAMOR TOURUD ASK	EN CIUBOWEII 101 121 159/1121
In Staff 12 cash slips and 1	TOKER CHILDIP HI 1601018150
1-Her Alips and 12011EVan	CESICIO BOWEN Daid you doing
NEED HANT MANY THEN GAVE I	ME, 20 TIEVances, 2 requests to
B. List actions taken and staff you have contacted, bef	ore submitting this grievance.
gexplained to Go Bowen that	9 NEED at least 20 reguests to
DTATE My BACKURG	FIEVANCE APPREATS PUMCED WAS
a beh from staff pince (2)	19/01 1, X/1 PARE A lot of PARCIA
Appeals to FIE CLOBOWEN &	Daid don't Appen auric original
and things might out better	O NEED at least 20 requests to rievance. The vance Appeals, evided was objected was also to the period of later and have not recipiled and have a lot of loading one and appeal quar, grievance and other and appeal and the process.
Your grievance has been received and will be process	ed in accordance with DC-ADM 804.
·	

Signature of Facility Grievance Coordinator

S/A-GRN.001 Rev. 07/14/03 COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF CORRECTIONS SCI GREENE OFFICE OF THE SUPERINTENDENT 724-852-2902

April 5, 2004

SUBJECT: Appeal of Rejected Grievance 80093

TO:

Mr. Rankin EU 5850

F Unit, D Pod

FROM:

Louis S. Folino

Superintendent

I am in receipt of your 04/04/04 appeal of the Grievance Coordinator's rejection of Grievance Number 80093. I have reviewed your grievance packet and the Grievance Coordinator's rationale for rejecting your grievance, dated 04/01/04.

Insofar as name of commitment is Derrick Rankin, please use that name on all correspondence with the Department of Corrections.

Your instant appeal is denied.

Attach.:

Rejected Grievance Number 80093

CC:

Deputies' Complex (1)

CSA Grievance File at 80093

DC-15 EU 5850

(inmate 2004\grievances\rejection appea\LEU 5850 Rankin and Grievance Number 80093.04-05-04)

Form DC-135A	Commonwealth of Pennsylvania		
INMATE'S REQUEST TO STAFF MEMBER	Department of Corrections		
	INSTRUCTIONS		
Grievance Appeal	Complete items number 1-8. If you follow instructions in		
H RADAD	preparing your request, it can be responded to more		
# 00093	promptly and intelligently.		
To: (Name and Title of Officer)	2. Date:		
Superintendent Tolino	CHICHICH		
3. By: (Print Inmate Name and Number)	4. Counselor's Name		
WERRICK KAMINE EUS 850	Mr Lvan		
basick Kracking.	5. Unit Manager's Name		
Jemich Canhains	Cantolin Ital		
Inmate Signature	MIPINII UNII		
Work Assignment	7. Housing Assignment		
	110-9 15174		
8. Subject: State your request completely but briefly. G	ive details.		
Since 02/22/04, C/O BOWEN HEN			
Stickles Blaker Hnderson, Hende			
ing me the requested requests	to staff, cash slipe, grievances, tiulet		
tissues pens, sunpo, touthpaste	continent on wers unra and access		
	sed of A stapler in wetalintion for		
reporting CO Munberry, Stephen,	Kausenwinder Blaker Stickles and		
HENDERSEN FOR MAKING AND CONTINUES to MAKE homo sexual dema			
On ME For example today, I asked CIO Bowen For 12 requests to			
STAFF. 12 grievances, 12 CASh Slips Hack CALL LO registered lotte			
reciepts, 20 BOWEN "said you don't need that many, then gave me			
29 MEVances, 2 requests to DAMF, 20ASH ALIBO NO MEDICAL DIREGO MG			
Grievances and grievances Appeal 1	WILL BE LAKE 1031 311 ULD		
On OH OH O WAS GIVEN ZORIEN	ances HeAsholips, No Dick CAll of		
togistered letter recients and 8	requests to staff by Clo Country		
(331) Obvious mour otal thin	Ks; If they denied mg surplies then		
9. Response (Finis Section for Staff Response Only)	ney can forced MG to begame A		
homosexual and be oilent about	- their homosexums alignands and		
threats and Abuses-Juill NEVE	C. DE DILENTS LATE BUT NOT DILENT.		
My NAME in WETTICK ANTHONY	KANKINE: and mughterance was		
signEd and clinted correctly. Mu	a commitment NAME UD DEFRICK		
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To DC-14 CAR only □	To DC-14 CAR and DC-15 IRS □		
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0. #11			
Staff Member Name / _ Print	Date		
1 1114	Oluli		

Case 1:04-cv-00100-SJM-S Part 1

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FOR OFFICIAL USE ONLY

GRIEVANCE NUMBER

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF CORRECTIONS

P.O. BOX 598 **CAMP HILL, PA 17001-0598**

OFFICIAL INMATE GRIEVANCE	
TO: FACILITY GRIEVANCE COORDINATOR	FACULTY: DATE: DATE:
Sharon Deleto	SCHUZZING OSISTOF
DERRICK RANKINGEU5850	Jonesch Kankins
WORK ASSIGNMENT:	HOUSING ASSIGNMENT:
& 1153 amy relief reguested	RHU 1713-1
INSTRUCTIONS:	oto griovanco system
1 Refer to the DC-ADM 804 for procedures on the inm2. State your grievance in Block A in a brief and unders	
3. List in Block B any actions you may have taken to res	
members you have contacted.	dditional paper may be used mayimum bus pames
A. Provide a brief, clear statement of your grievance. A	ICA. Henry C Clay Tayron Con
Sincs 02/22/04, C/0 BON	DI IL MOMPS OF
Mooney, Schnap, Stickles,	Blaner, Hinderson and Henderson
Innue I can denuing MEI art	evances, vequests to chapp
Listel Maries BENS SOAP	& toothpasts, ointment,
Moley Ties and Print	Has Day Pilkapa Has MAF
Bhowers, y Ara) access 10	the LAW Library the rusted
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HENDERSON	d Clobowen For 12 requests
For example, today o done	a GOBOWEII IOI 121291
In Staff, 12 cash slips and 1	LOKER CHILDIP HI 1691315150
I-L- Alipa and 12 arisvano	CESICIO Bowen Daid you don't
That many then a AVIS W	15,2011Evances, 215quests to
CIEFF O CASH TOWN NO MEDICA	(1)(1)
B. List actions taken and staff you have contacted, before	re submitting this grievance.
Dexplained to Clo Bowen that	J NEED OF IEAST 20 TEGUESTS TO
whit to life my back up gr	TEVANCE APREALS, EUTICE WAS
Notgiven murphyperty until a	23107104 and have pathecies
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IAPPEALS to FILE CLOBOWEN D	aid adon't Appenlaucur ori by ance
and things might get better	For you, simmed my tray
Your grovence has been received and will be arrest	TEVANCE APPEALS, EVICED WAS 12/10/10/10/10/10/10/10/10/10/10/10/10/10/
roui grievance has been received and will be processe	u in accordance with DC-ADIVI 604.

Case 1:04-cv-00100-SJM-S

Document 116-4

Filed 01/12/2PARTMENTO FOOTRECTIONS OFFICE OF Th.

NTENDENT	'S ASSISTANT	
	SCI-GREENE	

DATE:

April 1, 2004

SUBJECT:

Grievance Rejection Form

TO:

Mr. Rankin, EU-5850

F Unit. B Pod=

FROM:

Additional Comments:

FILE

DC-15

SLD/tls

CC:

Sharon L. D'Eletto

Superintendent's Assistant

FOR OFFICIAL USE ONLY 80095 GRIEVANCE NUMBER

The attached grievance is being returned to you because you have failed to comply with the provision(s) of DC-ADM 804. Inmate Grievance System: Grievances related to the following issues shall be handled according to procedures specified in the policies listed and shall not be reviewed by the Facility Grievance Coordinator: DC-ADM 801-Inmate Disciplinary and Restricted Housing Unit Procedures. DC-ADM 802-Administrative Custody Procedures. b. Other policies not applicable to DC-ADM 804. Block B must be completed, as per the Instruction #3 of the Official Inmate Grievance Form. 2. The grievance does not indicate that you were personally affected by a Department or facility action or policy. Group grievances are prohibited. 5. <u>X</u> The grievance was not signed and/or dated. Grievances must be legible and presented in a courteous manner. The grievance exceeded the two (2) page limit. Description needs to be brief. Grievances based upon different events shall be presented separately. The grievance was not submitted within fifteen (15) working days after the events upon which claims are based. You are currently under grievance restriction. You may not file any grievances until _ Date Grievance involves matter(s) that occurred at another facility and should be directed by the inmate to the appropriate facility. 12. The issue(s) presented on the attached grievance has been reviewed and addressed previously.

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Part 1

OFFICIAL INMATE GRIEVANCE

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COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF CORRECTIONS

P.O. BOX 598 CAMP HILL, PA 17001-0598 FOR OFFICIAL USE ONLY

GRIEVANCE NUMBER

TO: FACILITY GRIEVANCE COORDINATOR	FACILITY: DATE: DATE: 04
DEVICK RANKING EU 5850	SIGNATURE OF INMATE:

WORK ASSIGNMENT: HOUSING ASSIGNMENT: BILLE B-

INSTRUCTIONS: Plus A PEWM ANEXT DEPAYATION From CN BIAKER AND

1 Refer to the DC-ADM 804 for procedures on the inmate grievance system. RALIEN JUEN JE

2. State your grievance in Block A in a brief and understandable manner.

3. List in Block B any actions you may have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages.

On 03129104, 9 gave Clocole 4 letters With 8

CASh slips to be sent to the mail room. Clocole

Informed ME that he signed my CASh slip and

Placed my letters in the mail box; Now on 03130104

Clo Blaker he turn to me only two cash slips; when I

asked For the other two CASh slips, I was told that we have to work that out together by Clo Blaker.

B. List actions taken and staff you have contacted, before submitting this grievance	
9 asked Clo Blaker For the next two c	Ash slips and
g asked Clo Blaker For the next two cormulations and g also asked to spea Sotion Lt. to NO AVAIL pressed the button and reported the Above Violation	K to the RHU
Sofor Lt. to NO AVAIL O Pressed the E	mergency,
button and reported the Above, Violation	and will be
SENDING A rEquest to the mailroom ou	artvisor.

Your grievance has been received and will be processed in accordance with DC-ADM 804.

DC-@ase 1:04-cv-00100-SJM-SPB

Document 116-4

4 Filed (୨**୮୯M/୧୯)/WEAL-THE OF BENNSYLVANIA**DEPARTMENT OF CORRECTIONS
OFFICE OF THE SUPERINTENDENT'S ASSISTANT
SCI-GREENE

DATE:

April 9, 2004

SUBJECT:

Grievance Rejection Form

TO:

Mr. Rankin, EU-5850

F. Unit, D Pod

FROM:

Sharon L. D'Eletto

Superintendent's Assistant

FOR OFFICIAL USE ONLY 80902

GRIEVANCE NUMBER

The attached grievance is being returned to you because you have failed to comply with the provision(s) of DC-ADM 804, Inmate Grievance System:

Grievances related to the following issues shall be handled according to procedures specified in the policies listed and shall not be reviewed by the Facility Grievance Coordinator: DC-ADM 801-Inmate Disciplinary and Restricted Housing Unit Procedures a. b. DC-ADM 802-Administrative Custody Procedures other policies not applicable to DC-ADM 804. 2. ____ Block B must be completed, as per the Instruction #3 of the Official Inmate Grievance Form. 3. ____ The grievance does not indicate that you were personally affected by a Department or facility action or policy. 4. ___ Group grievances are prohibited. 5. X The grievance was not signed and/or dated. 6. ____ Grievances must be legible and presented in a courteous manner. The grievance exceeded the two (2) page limit. Description needs to be brief. 8. ____ Grievances based upon different events shall be presented separately. 9. ____ The grievance was not submitted within fifteen (15) working days after the events upon which claims are based. You are currently under grievance restriction. You may not file any grievances until ____ Grievance involves matter(s) that occurred at another facility and should be directed by the inmate to the appropriate facility. 12. ___ The issue(s) presented on the attached grievance has been reviewed and addressed previously.

Additional Comments:

SLD/djk

CC: FILE DC-15

Case 1:04-cv-00100-SJM-SPB Document 116-4 Filed 01/12)2007 Page 93 of 100

DC-804 Part 1

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF CORRECTIONS

P.O. BOX 598

FOR OFFICIAL USE ONLY

	LL, PA 17001-0598	GRIEVANCE NUMBER
OFFICIAL INMATE GRIEVANCE		
Shritan DELETO	FACILITY: SCI- ONGENE	DATE: OBIOA
FROM: (INMATE NAME & NUMBER) FRATCK RONKINE FU.5850	SIGNATURE OF INMATE:	B. Co
WORKASSIGNMENT:	HOUSING ASSIGNMENT	nkine.
INCTRUCTIONS	KHU FID-9	
 INSTRUCTIONS: Refer to the DC-ADM 804 for procedures on the State your grievance in Block A in a brief and un List in Block B any actions you may have taken t members you have contacted. 	nderstandable manner.	e to include the identity of staff
A. Provide a brief, clear statement of your grievance	e. Additional paper may be u	ised, maximum two pages.
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B. List actions taken and staff you have contacted,	before submitting this grievar	nce.
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O can recieved anothing) and All 159 Aly	naterial, yet the
MAIlroom wholding my	Enevelopes	Would like to
get my enevelopes of troom and Empthin Hall.	dent a request	to the mail
Your grievance has been received and will be proce	essed in accordance with DC-	-ADM 804.
Signature of Facility Grievance Coordinator		Date

S/A-GRN.001 Rev. 07/14/03 COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF CORRECTIONS SCI GREENE OFFICE OF THE SUPERINTENDENT 724-852-2902

April 5, 2004

SUBJECT: Appeal of Rejected Grievance 80095

TO:

Mr. Rankin EU 5850

F Unit, D Pod

FROM:

Louis S. Folino Superintendent

I am in receipt of your 04/04/04 appeal of the Grievance Coordinator's rejection of Grievance Number 80095. I have reviewed your grievance packet and the Grievance Coordinator's rationale for rejecting your grievance, dated 04/01/04.

Insofar as name of commitment is Derrick Rankin, please use that name on all correspondence with the Department of Corrections.

Your instant appeal is denied.

Attach.:

Rejected Grievance Number 80095

CC:

Deputies' Complex (1)

CSA Grievance File at 80095

DC-15 EU 5850

(inmate 2004\grievances\rejection appeal\EU 5850 Rankin and Grievance Number 80095.04-05-04)

11/5

Form DC-135A	Commonwealth of Pennsylvania
INMATE'S REQUEST TO STAFF MEMBER	Department of Corrections
0.5 = 5 A = n/4 80095	INSTRUCTIONS
GHIEVANCE APPEALH 80095	Complete items number 1-8. If you follow instructions in
	preparing your request, it can be responded to more
	promptly and intelligently.
1. To: (Name and Title of Officer)	2. Date:
Superintendent Folino	OHIORIOH
3. By: (Print Inmate Name and Number)	4. Counselor's Name
DERRICK RANKINE EUS 860	Mr Ivan
Lomich Kanking	5. Unit Manager's Name
Inmate Signature	Captain Hall
6. Work Assignment	7. Housing Assignment
	PHU FIN-9
\$1500 Hay reliet requested.	NIM I I D
8. Subject: State your request completely but briefly. G	
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	THAT I MUST COMPLETE MY ADMINISTRATION.
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DC. HOW SOLL and Clostickles H	FINITE AND BIRKET CONTINUES to STON
hald, read and destroy may ma	il Without my consent
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	nem to do CIOStickles camp tomb
9 Response: (This Section for Staff Response Only)	
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<u> </u>	
Cloff Marshau Name	_
Staff Member Name Print	Date
· int	

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF CORRECTIONS P.O. BOX 598

CAMP HILL, PA 17001-0598

FOR OFFICIAL USE ONLY

7095

GRIEVANCE NUMBER

OFFICIAL INM	ATE	GRIEVANCE
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TO: FACILITY GRIEVANCE COORDINATOR

SHATON DELETO

FROM: (INMATE NAME & NUMBER)

WORK ASSIGNMENT:

BIOOD AND FILE TEOMSTED AND MINIOUS PLUS A PEYM ANENT DEPARTMENT FOR UNDING ASSIGNMENT:

1 Refer to the DC-ADM 804 for procedures on the inmate grievance system.

2. State your grievance in Block A in a brief and understandable manner.

3. List in Block B any actions you may have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum, two pages.

On 03129104, 9 grue Clocole 4 letters With 8

Chash slips to be sent to the mail room. Clocole

In Formed ME that he signed muchsh slip and placed my letters in the mail box; Now on 03180104

Clo Blaker he turn to me only two chash slips, when a asked For the other two cash slips, I was told that we have to work that out together by Clo Blaker.

B. List actions taken and staff you have contacted, before submitting this grievance.

I asked Clo BIAKEY For the NEXT TWO CASH slips and or my letters and I also Asked to speak to the RHU Soft or Lt. to NO AVAIL I pressed the emergency button and reported the Above Visiation and I will be sending a request to the Mail room supervisor.

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Facility Grievance Coordinator

Case 1:04-cv-00100-SJM-SPB

Document 116-4

6-4 File COL PARTIES PENNSYLVANIA
PEPARTMENT OF CORRECTIONS
OFFICE OF THE SUPERINTENDENT'S ASSISTANT
SCI-GREENE

FOR OFFICIAL USE ONLY

DA.	T	Ε	:

April 5, 2004

SUBJECT:

Grievance Rejection Form

TO:

Mr. Rankin, EU-5850

F Unit, D Rod

FROM:

SLD/tls

FILE DC-15

CC:

Sharon L. D'Eletto

Superintendent's Assistant

80421	
GRIEVANCE NUMBER	

The attached grievance is being returned to you because you have failed to comply with the provision(s) of DC-ADM 804. Inmate Grievance System: Grievances related to the following issues shall be handled according to procedures specified in the policies listed and shall not be reviewed by the Facility Grievance Coordinator: DC-ADM 801-Inmate Disciplinary and Restricted Housing Unit Procedures. DC-ADM 802-Administrative Custody Procedures. Other policies not applicable to DC-ADM 804. 2. Block B must be completed, as per the Instruction #3 of the Official Inmate Grievance Form. The grievance does not indicate that you were personally affected by a Department or facility 3. action or policy. Group grievances are prohibited. 5. X The grievance was not signed and/or dated. 6. Grievances must be legible and presented in a courteous manner. The grievance exceeded the two (2) page limit. Description needs to be brief. Grievances based upon different events shall be presented separately. The grievance was not submitted within fifteen (15) working days after the events upon which claims are based. You are currently under grievance restriction. You may not file any grievances until Date Grievance involves matter(s) that occurred at another facility and should be directed by the inmate to the appropriate facility. 12. ____ The issue(s) presented on the attached grievance has been reviewed and addressed previously. Additional Comments:

Case 1:04-2 EDB100-StM-SPB000cMmerry 176-65 / Piled 01/12/2007 Page 98 of 100

DC-804 Part 1

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SEMI FE

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF CORRECTIONS

P.O. BOX 598

FOR OFFICIAL USE ONLY	
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00721	•
GRIEVANCE NUMBER	

CAMP HILL, PA 17001-0598 OFFICIAL INMATE GRIEVANCE TO: FACILITY GRIEVANCE COORDINATOR DATE FACILITY: Refer to the DC-ADM 804 for procedures on the inmate grievance system. 2. State your grievance in Block A in a brief and understandable manner. 3. List in Block B any actions you may have taken to resolve this matter. Be sure to include the identity of staff members you have contacted. On RED My 2 DENS, A billow and A towel and toothor A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages. List actions taken and staff you have contacted, before submitting this grievance.

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Facility Grievance Coordinator

DC-ADM 804, Inmate Grievance System DC-804

Part 2

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF CORRECTIONS P.O. BOX 598 CAMP HILL, PA 17001



OFFICIAL INMATE GRIEVANCE INITIAL REVIEW RESPONSE

GRIEVANCE NO. | 80422

TO: (Inmate Name & DC No.)		FACILTIY	HOUSING LOCATION	GRIEVANCE DATE
Rankine, Derrick	EU-5850	SCI GREENE	FD-09	4-4-04

The following is a summary of my findings regarding your grievance:

I am in receipt of your grievance and have been assigned to investigate your concerns. You are alleging that the medical is denving you your medication (Naicin, Motrin) and that staff are ignoring your requests for emergency treatment.

I have received numerous request slips from you, none of them dealing with medical, medications, or emergency situations. Most of your request slips claim that staff are spitting in your food (You told me that since you were a chemist you could use salt as a test for spit). You further stated that ALL of the officers have made homosexual advances towards you (Both shifts) and that since you refused their advances, you were being denied items.

I have contacted medical concerning your allegations. You take Maxcide for High Blood Pressure (You retain this in your cell); You are dispensed Niacin (For Lowering cholesterol) Daily; and finally you can receive Benadryl As Needed. The Motrin which you mentioned was ordered for you for 4-5-04 through 4-10-04. You received it. You Niacin has never been denied to you.

As for the allegations concerning staff refusing to seek immediate medical attention, this is a falsehood. ALL inmates will be seen if they claim a medical emergency. However, a cash slip must be provided at the time of service. You state that you put in a sick call slip on the 30th and was seen on the 31st. That does not sound like a department that is denying you attention – it sounds like they are doing their jobs.

Nothing in the way of medical treatment or medication has been denied to you. I believe that you have a skewed sense of reality (I base this on the statements made in your request slips) and that possibly our psychology department can be of assistance to you. I will file a DC-97 form to them immediately – hopefully we can get you the assistance that you seem to be crying out for.

Since I have completely investigated ALL of your allegations and cannot find a shred of evidence which verifies any part of your story, I find that your grievance lacks any arguable basis in fact; I must therefore find it to be frivolous and deny it in full.

CC: Deputies

Grievance Coordinator

DC 15 File

Print Name and Title of Grievance Officer	SIGNATURE OF GRIEVANCE OFFICER	DATE
W Leggett COIII	al Lout Cott	4-26-04
	N. Vegger -	

Case 1:0450400100-SJM-SF	PB Document 116-4	Filed 01/12/200	7 Page 100 of 100
DC-804 Realth			500 05510111 1105 01111
Part 1 Carl	COMMONWEALTH OF PE DEPARTMENT OF COR		FOR OFFICIAL USE ONLY
11/	P.O. BOX 598		<u> </u>
OFFICIAL INMATE GRIEVANCE	CAMP HILL, PA 1700	01-0598	GRIEVANCE NUMBER
O: FACILITY GRIEVANCE COORDINA	ATOR FACI	LITY: A	DATE:
Sharon DELEHO!		I-Greene	MOHOHOH
FROM: (INMATÉ NAME & NUMBER)	-F115850 13161	NATURE OF INMANE:	Di Ma
WORK ASSIGNMENT:	HOU	SING ASSIGNMENT:	
\$5000 dayrelie Freque	Wested. Kt	WFID-9	
INSTRUCTIONS: V 1 Refer to the DC-ADM 804 for pr		rievance system	
2. State your grievance in Block A	in a brief and understanda	ble manner.	See I and a Alexa Side a ASS and a SS
List in Block B any actions you n members you have contacted.	nay nave taken to resolve	this matter. Be sure to	include the identity of staff
A. Provide a brief, clear statement			
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and when I asked	to bE TAKE	n to medic	ial these
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and told to ale	= by STAII,	Whendal	sen emergency
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Your grievance has been received	and will be processed in a	ccordance with DC-AD	рм 804.
May Sold	7. ST		Adlastan
Signature of Facility Grievance C	oordinator		Data
Signature of Facility Grievance C	ooi dii latoi		Date